ELEMENTS

OF THE

PRACTICE

OF

PHYSIC.

PART THE SECOND.

CONTAINING

The HISTORY and METHODS of Treating

FEVERS

AND

INTERNAL INFLAMMATIONS.

BY GEORGE FORDYCE, M.D.
Of the Royal College of PHYSICIANS, and Reader on the PRACTICE of PHYSIC in LONDON.

The SECOND EDITION, Corrected.

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The Materia Medica, Nature of Diseases

AND

PHYSIC

AND

INTERMEDIATE MATTERS.

By GEORGE POLLOCK, M.D.

The Second Edition, Corrected.

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PRO-

PROEMIUM.

A DISEASE is an alteration of the chemical properties of the ſolids, or fluids; or of the organization of the body; or of the action of the moving power, producing an inability or difficulty of performing the functions of the whole, or any part of the ſyſtem; or pain; or a preternatural evacuation.

All diſeaſes are brought on by ſome external application to the body or mind; and this is called the *occaſional cauſe* of a *diſeaſe*.

An occaſional cauſe may act,

1ſt, Immediately; *i. e.* when it immediately brings on the diſeaſe without any previous alteration.

2dly, Intermediately; *i. e.* when it occaſions ſome other alteration in the ſyſtem, of which the diſeaſe is the conſequence.

Certain ſtates of the human frame render it more liable to particular diſeaſes. The cauſes of theſe are called the *prediſponent cauſes*.

The alteration produced is the diſeaſe, and is the proximate cauſe of the ſymptoms, or external appearances, by which we judge of it.

A diſeaſe ſeldom remains in the ſame ſtate, but either increaſes and kills, terminates in another diſtemper, or produces ſome action or motion in the body, by which it is cured. This is called the *natural cure*.

The danger may ariſe, 1ſt, From the diſeaſe itſelf; 2dly, From the natural cure: 3dly, From another diſtemper following the primary one: 4thly, From the weakneſs brought on during the progreſs of the diſeaſe.

A diſeaſe may be cured,

1ſt, By aſſiſting the natural cure.

2dly, By imitating it.

3dly, By avoiding accidents during its progreſs.

4thly, By applying remedies which will effect a cure in a manner different from the natural one.

THE

THE
Symptoms, Diſtinctions, Prognoſtics,
AND
INDICATIONS of CURE,
WITH
THE REMEDIES
IN
FEVERS.

THE periods of fevers begin with the following ſymptoms.

(*a*) Languor, wearineſs, weakneſs, inſenſibility of the extremities, cold and trembling, pain in the back. Symptoms of the cold fit, or firſt ſtage.

(*b*) Horripilatio; paleneſs, a dry, foul tongue, and thirſt; tranſparent urine; coſtiveneſs; and ſuppreſſion of other ſecretions; paleneſs and dryneſs in ulcers; a frequent, ſmall pulſe, ſometimes intermitting; pain in the limbs, joints, and forehead; blindneſs; *delirium*.

(*c*) Anxiety; oppreſſion and ſwelling about the *præcordia*; quick and laborious reſpiration, ſometimes with a cough; rigor, and horror; flatulencies, loſs of appetite, *nauſea*, and vomiting.

According to the violence of theſe ſymptoms at any time of the diſeaſe, the fever is violent; and when they are intirely carried off, it is cured.

Theſe are produced by

1ſt, Certain paſſions of the mind ſuddenly excited; the principal of which are fear, grief, and anxiety. Cauſes.

2d, Cold.

3d, Putrid, variolous, morbillous matter, acting upon the irritable parts.

4th, Retention of certain ſubſtances in the *primæ viæ*, as indigeſtible food in the ſtomach, *fæces* in the inteſtines.

5th, Changing of cuſtoms or climates, to which the body has been habituated; at leaſt aſſiſting the other cauſes.

Theſe cauſes, except variolous, morbillous matter, produce fever immediately, without any previous alteration.

Any two of them acting together, are more powerful in exciting the diſeaſe, than one ſingly.

They act more certainly on irritable habits.

Unleſs when the ſymptoms of the firſt ſtage deſtroy the patient, they are followed by

2d ſtage, or hot fit.

RIGOR, and HORROR; heat riſing from the præcordia, and diffus'd from thence over the body irregularly, unequally, and flushing; a ſtrong, full, obſtructed pulſe; or a very frequent, ſmall one; great pain in the head, and joints; *ſtupor* and *delirium*; univerſal ſoreneſs; redneſs ariſing in different parts irregularly; the urine high coloured, but perfectly tranſparent; ſweating in the head and breaſt, or over the whole body; partial ſecretions; *petechiæ*.

The ſymptoms of the firſt ſtage are gradually relieved.

Criſis.

At laſt the pulſe becomes free; all the ſecretory organs are relax'd; hence the ſkin grows ſoft and moiſt, the tongue likewiſe is ſoft and moiſt, the belly is open, and the urine in greater quantity, not perfectly tranſparent when diſcharged, after a little time becoming turbid and opaque, and at laſt depoſiting a copious ſediment: the ſecretions are often greatly increaſed; there ariſes a copious and univerſal ſweat, or a purging, or great flow of urine. The

The frequency of the pulſe, and all the other ſymptoms of the firſt and ſecond ſtage gradually ſubſiding, the patient recovers his health, but is conſiderably weakened.

Or there ariſes an inflammation or hæmorrhage in ſome part of the body, the ſymptoms of the firſt ſtage ſuddenly diſappearing, or being greatly diminiſhed.

During the whole period, the blood continues the ſame in all its ſenſible qualities, ſometimes throwing up the coagulable lymph, and coagulating firmly, ſometimes having its natural appearance, and ſometimes coagulating looſely.

FEVERS are,

The EPHEMERA SIMPLEX, conſiſting of one period only. Species.

RECURRENT FEVERS, conſiſting of more than one period, no ſingle one laſting more than twenty-four hours, or till the following evening.

RECURRENT FEVERS are,

The INTERMITTENT, in which the ſymptoms of one period go off intirely before a ſecond ariſes, or there are only left a ſlight pain in the back, a foul tongue, ſome contraction and paleneſs on part of the ſkin, with languor. Varieties.

The REMITTENT, in which the patient is greatly relieved; but the pulſe continues frequent, and ſeveral other ſymptoms are not carried off before the ſecond period begins.

The CONTINUED, in which one period begins before the former is conſiderably abated.

Fevers recur in conſequence of

1ſt, Symptoms of the firſt ſtage continuing after the criſis.

2d, Freſh occaſional cauſes.

3d, The natural evening paroxyſm of fevers.

4th, A habit acquired.

5th, The action of types.

Types. In intermittent fevers, the diſeaſe is more apt to recur at the end of 48 hours from the beginning of the former period, than at any other interval; ſuch are called *Tertians:* next to this it is more apt to recur at 24 hours, when they are called *Quotidians*; or at 72 hours, when they are called *Quartans*; but there are inſtances of their occurring at all other intervals.

QUOTIDIANS are frequently converted into TERTIANS, and TERTIANS into QUARTANS.

The ſymptoms indicating ſtrong action of the veſſels, often happen in Quotidians; the ſymptoms of the firſt ſtage are violent in Tertians; and thoſe indicating weakneſs, are frequently found in Quartans.

But ſymptoms of ſtrength and weakneſs occur ſometimes in all the types.

In fevers recurring at the end of 24 hours, when every ſecond period is more violent, they are called *Double-Tertians*; when every third, they are called *Triple-Quartans.*

In Continued-Fevers the exacerbations happen commonly every day in the evening, and are equable at the beginning, but gradually increaſing: in the middle every other one is more violent; and at the end every third, when they likewiſe gradually decreaſe.

In continued fevers at the beginning, for moſt part, the veſſels act ſtrongly; at the end weakly.

In all fevers, the more violent the attack at any particular period, the greater chance there is of the

paroxyſm's running thorough its ſtages, and producing a perfect criſis.

In continued fevers left to themſelves, more violent exacerbations oftner happen on the fourth, fifth, ſeventh, ninth, eleventh, thirteenth, fourteenth, ſeventeenth, and twenty-firſt days, than on any others.

On thoſe days the periods either go thro' all their ſtages, and a perfect freedom from the diſorder is produced, (in which caſe for moſt part it does not recur;)

Or the diſeaſe goes off by the exacerbations becoming gradually leſs and leſs, and being followed by imperfect critical ſymptoms.

Prognoſtics.

The danger ariſes from the violence of the ſymptoms of the firſt ſtage, and the *delirium* produc'd from thence; or from too ſtrong an action of the veſſels; or from great weakneſs and irritability.

Violent ſymptoms of the firſt ſtage.

The firſt is indicated by the diſeaſe's being preceded by long-continued languor, wearineſs, and weakneſs: its being attended by great proſtration of ſtrength; the ſkin's being rough, dry, and unequal; ulcers becoming perfectly dry; the pulſe being much contracted, quick, and intermittent; the tongue and mouth's being dry, the tongue covered with a dry, rough furr, and the thirſt unextinguiſhable; the urine's being pale, perfectly tranſparent, and in ſmall quantities; the nails, fingers, and feet, remaining cold and pale; the noſe ſharp, temples and eyes hollow; ſkin of the forehead contracted; ears cold; and face univerſally pale, or of a duſky colour: the breathings being ſhort, quick, and laborious, the patient moving his noſtrils; the *præcordia* tenſe, ſwelled, and hard; the anxiety and reſtleſsneſs great; watchfulneſs, or reſtleſs and unrefreſhing ſleep, the patient waking ſomewhat delirious; the imagination hurried; the patient picking the hairs off the bed-cloaths, and hunting

ing flies; the thirſt going ſuddenly off; violent delirium, or a total inſenſibility, or convulſions appearing.

Symptoms of ſtrong action of the veſſels.

The ſecond is indicated by a hard, full, ſtrong pulſe; a great redneſs; a quick reſpiration; a dry white tongue; great pain in the head and joints; ſweating about the head and breaſt, or all over the body; red ſwelled eyes; *ſtupor*, *delirium*; convulſions.

Symptoms of Weakneſs and Irritability.

The third is indicated by, partial, or univerſal, or cold colliquative ſweating; purging; tears; great ſecretion of urine; or any other partial ſecretion, the reſt not taking place at the ſame time; urine with a mucous cloud or ſediment; ſymptoms of putrid blood, as a black furr upon the tongue, *petechiæ*, putrid ſecretions, as putrid *fæces*, &c. fœtid breath, thick and black urine. A ſmall, quick, trembling pulſe; the patient lying ſeemingly ſtupid, without much uneaſineſs; or on his back with the legs and arms extended, ſlipping out at the foot of the bed; fainting when in an erect poſture, or upon any evacuation; *delirium*; *ſubſultus tendinum*; the *fæces* and urine evacuated without the knowledge of the patient; the pulſe loſt in the arm.

Symptoms ſhewing the mode of continuance.

When the ſymptoms of the firſt ſtage come on with great violence, the diſeaſe is oftener an *Ephemera Simplex* or *Intermittent*, than a Continued Fever.

When the ſymptoms *(a)* of the firſt ſtage attack the patient more violently in proportion to *(b)* *(c)*, the diſeaſe is apter to be continued, and *e contra*.

When the *Tertian* type is evident on the firſt days of a Continued, it is generally changed into an Intermittent.

The more perfect the criſis, the leſs danger of a relapſe, and *e contra*.

Continued fevers, whoſe types are changed by evacuations, are leſs apt to be cured by a criſis, and have

more

more imperfect criſes than thoſe running through their natural periods.

Fevers, which in the beginning are neither attended with ſtrong ſymptoms of the firſt ſtage, nor thoſe indicating great ſtrength or weakneſs, generally continue long.

Fevers that are continued, and have the ſymptoms of the firſt ſtage violent, are, the *Plague*, *Malignant Fevers*. Varieties of continued fevers.

Continued fevers, in which the ſymptoms of the firſt ſtage are at the beginning ſlight, if attended with ſymptoms of ſtrong action of the veſſels, are *Inflammatory Fevers*; if otherwiſe, low *Nervous Fevers*.

Indications of CURE *in* FEVERS.

I. INDICATION. All applications increaſing the diſeaſe, rendering the hot fit irregular, or diſturbing the natural periods, are to be avoided. Indications of cure.

(A) The food is not to be of difficult ſolution or fermentation; flatulent; producing an adheſive ſolution; diſagreeable to the ſtomach; nor in too great quantity.

Proper Subſtances for FOOD are,

(a) Decoction of rice, barley, oats, *&c.*

(b) Barley, oats, rice, *&c.* ſhelled, and afterwards boiled; or fermented, baked into bread, and afterwards toaſted.

(c) Broths of pullets, lean mutton, and beef.

(d) Pullets about nine months old, roaſted, or boiled.

(e) Whitings, flounders, ſoals, dace, roach; theſe fiſhes however are ſeldom to be uſed.

(B) The *Primæ Viæ* are to be cleared of any offending

ſending matter, by gentle emetics and laxatives, or glyſters, according to the ſtrength of the patient.

(*a*) Proper laxatives are, ſal glauberi verus, tartar vitriolatum, tartar ſolubile, pollychreſtum rupellenſe, ſulphur, radix rhei, manna, caſſia, tartar, fructus tamarindorum.

(*b*) Laxatives uſed in glyſters are, decoctum commune pro clyſmate, ſal commune, ſal glauberi, oleum lini, ſacharum rubrum, electarium lenitivum.

(*C*) External heat and cold are to be avoided, as are likewiſe ſudden changes from the one to the other, and air unfit for reſpiration.

The bed-chamber is to be large, and heated when neceſſary by fewel burning in an open fire-place; or cooled by ſprinkling the floor with infuſions, or diſtilled waters of ſome of the aromatic herbs, ſuch as thymus, roſmarinus, lavendula, roſarum flores; and the bed is not to be expoſed to currents of air.

(*D*) Sleep may be procured by

(*a*) Attention to an uniform murmuring noiſe.

(*b*) Antiſpaſmodics and ſedatives, as oleum dulce, oleum æthereum in ſpiritu vini ſoluta et aqua commixta.

(*c*) Opium, which is ſeldom uſeful, frequently prejudicial.

(*E*) Putrid air, fear, grief and anxiety, are to be avoided.

II. INDICATION. Accidents ariſing from too ſtrong action of the veſſels, are prevented;

(*A*) By bleeding, according to the ſtrength of the patient, and violence of the ſymptoms of the 1ſt ſtage.

(*B*) By

(B) By uſing ſuch food as affords little nouriſhment. [Vid. Ind. 1ſt. *(A) (a)*].

(C) By ſedatives given internally, ſuch as

Acidum vitriolicum, muriaticum, limonum, tamarindorum, berberis, mororum.

(D) By laxatives, ſo as to procure two or three ſtools.

Vid. [Ind. 1ſt. *(B) (a)*]

III. INDICATION. The ſtrength is to be ſupported, when the ſymptoms of weakneſs come on.

(A) Stimulants and antiſpaſmodics are to be given according to the weakneſs, ſuch as ſack, madeira, mountain, port, claret, moſcus, camphora, caſtor, alkali volatile.

It hath been the practice with this view, to give the ſpices, and other ſimilar ſtimulants; but as they generally quicken the pulſe, and greatly increaſe all the ſymptoms of Irritability, I think they ought to be laid aſide; bliſters, upon the ſame account, are not ſo uſeful for this purpoſe.

IV. INDICATION. Irritability ariſing towards the end, is to be taken off,

(A) By acids. Vid. [Ind. II. *(C)*]

(B) By cortex peruvianus, if there are remarkable remiſſions, or a general freedom in the ſecretory organs.

V. INDICATION. The ſymptoms of the firſt ſtage are to be taken off, or diminiſhed.

(A) By giving internally medicines to relax the ſmall veſſels throughout the ſyſtem by their action on the ſtomach, ſuch as nitrum commune, ammoniacum com-

commune, all the other neutral ſalts, radix ipecacuanhæ, radix ſenecæ, præparationes antimonii, aqua frigida.

(B) By external applications producing inflammation, ſuch as cantharides, ſemina ſinapi.

The gentle ſtimulants, commonly called *Diaphoretics*, as contrayerva, *&c.* have been uſed internally by many practitioners for this purpoſe; but their action is extremely doubtful.

VI. INDICATION. The diſeaſe is to be prevented from recurring,

(A) By taking off ſymptoms of the firſt ſtage remaining after the criſis, and facilitating the re-production of the diſeaſe. Vid. [Ind. V. *(A)*]

(B) By counter-acting the cold fit, before, and at the time of the acceſſion.

(a) Vid. [Ind. V. *(A)*]

(b) By the application of ſtimulants and antiſpaſmodics; (1) externally, as allium, ſinapi, aromata; (2) internally, as the aromata, alkali volatile, opium, moſchus, camphora.

(C) By medicines preventing any application from affecting the ſyſtem, ſo powerfully as it would do naturally, (i. e. deſtroying irritability) ſuch as cortex peruvianus, vitriolum et muria ferri, vitriolum cupri, alumen, cortex fraxini.

The

The PLAGUE.

IT is always produced by putrid vapour applied to the body, ſometimes acting as the ſole cauſe, ſometimes in conjunction with others; and more or leſs powerfully, according to the irritability. Cauſes.

Of all continued FEVERS this attacks the patient with the moſt ſevere ſymptoms of the firſt ſtage: theſe too increaſe in it the faſteſt at every exacerbation, and produce the ſymptoms of weakneſs the quickeſt, particularly thoſe of putrid blood. Diſtinctions.

In cold climates the ſymptoms of ſtrong action of the veſſels often appear at the beginning with great violence.

For moſt part the ſymptoms of the firſt ſtage ariſe to ſo great a height, as to kill the patient before the end of the firſt week. Prognoſis.

The putrid vapour in the air, may perhaps be deſtroyed, by impregnating it with acids; as, by burning great quantities of wood, or detaching great quantities of concentrated muriatic acid from ſea ſalt by the vitriolic, and evaporating it. General prevention.

Fear, grief and anxiety, indigeſtible and flatulent food, coſtiveneſs, cold, and the other cauſes of fever, are to be avoided as much as poſſible. Particular prevention.

Medicines deſtroying the irritability of the body may be exhibited (as a glaſs of wine) when any one is unavoidably expoſed to the infection in circumſtances where it would act more powerfully. The bark may be uſed as a preſervative, in the following, or a ſimilar form.

(No. 1.) ℞ Vin. Rubr. Luſit. ℔ij
Cort. Peruv. } a a ℥ ij
—— —— Cinam. }

Digere

Digere per horas xlviij Calore 100 Grad. Therm. Faren. et col. Capt. Coch. iiij ter indies.

Cure. The fever is to be put a ſtop to, if poſſible, by the moſt powerful means of taking off the ſymptoms of the firſt ſtage.

(No. 2.) ℞ Pulv. Ipecac. Gr. vi ad xij.
Tart. Emet. Gr. i. ad iij. Ft. Pulv. Emet.
Vel. Ft. cum Syr. Scilit. q. ſ. Bolus Emet.
Vel. ℞ Tinct. Ipecac. ℥ſs ad ℥j.
Tart. Emet. gr. j. ad iij. Ft. Hauſt. Emet.

Cap. Veſp. Hora ix Superbib. Infuſ. Cham. vel Card. Benedict. nequaquam tamen ultra modum urgeatur vomitus; in lecto etiam detineatur æger.

After the operation of the emetic, the patient is to be laid in cotton or flannel, his head bound round, and when warm the following draught is to be given.

(No. 3.) ℞ Aq. Menth vulg. vel Cinnam. Ten. vel Alexit. ſimpl. —— ℥jſs
L. L. —— — gtt x ad xxv. vel
Syr. Diacod. —— ℥jſs ad ℥vi.
Aq. Menth Spir. vel Nuc. Moſch. vel.
Cinam. Spir. —— ℥ij.
Syr. Moror. — — ℥ij.

If a ſweat can be rais'd by theſe means, it is to be kept up by relaxing medicines.

(No. 4.) ℞ Tart. Emet. gr. ½ ad gr. j.
Sach. Alb. gr. x m. Ft.
Pulv. Capt. quartâ vel ſextâ quâque horâ cum Hauſt. ſequent.
℞ Aq. Menth. vulg. ℥iſs. Nuch. Moſch. ℥ij. Syr. Moror. — ℥ij m Ft. Hauſt.

If

If the vomiting ſhould continue, it might perhaps be adviſeable to add a few drops of laudanum to the draught.

The patient is to drink copiouſly of any warm watry fluid at the ſame time.

If by this means the fever ſhould be carried off, the following medicine may be made uſe of to prevent a relapſe.

(No. 5.) ℞ Pulv. Cort. Peruv. Subt. ʒſs. ad ʒj.
Ft. Pulvis.

Vel. Cum Syr. Croc. q. ſ. Ft. Bolus.

Vel. ℞ Aq. Alexit. ʒjſs.
Pulv. Cort. Peruv. ʒſs. ad ʒj.
Syr. e Court. aur. } a a ʒij:
Aq. Cort. aur. Spir. }
Ft. Hauſt.

Capt. iv^tis vel vi^tis quâque horâ.

If the ſymptoms indicating ſtrong action of the veſſels ſhould be violent, it may be neceſſary to take away a little blood. No ſolid food is to be uſed.

From the deſcriptions given, and methods of cure applied by the different authors, who have treated of the PLAGUE in the cold climates, the above ſeems to be the moſt promiſing means of ſaving patients, who would otherwiſe certainly be deſtroyed.

An inflammation of a lymphatic gland, ſometimes ariſes at the beginning, and diminiſhes or entirely carries off the fever. This inflammation is never to be taken off, but always brought to ſuppuration.

The

The Violent FEVER; otherwiſe called the Putrid, Malignant, Jail, Camp, Hoſpital, or Petechial FEVER.

Cauſes.

IT generally proceeds from the ſame cauſes that produce the plague, only not applied in ſo great a degree.

Diſtinctions and Prognoſtics.

This fever attacks the patient with violent ſymptoms of the firſt ſtage; particularly with thoſe mark'd *(a)*. The cold often returns alternately with the heat, for the firſt 24 hours; the ſymptoms indicating ſtrong action of the veſſels ſometimes appear, but ſeldom to any great degree; the fever increaſes greatly every evening, ſo that *delirium* often comes on about the beginning of the ſecond week, and with the other ſymptoms of the firſt ſtage kills the patient: otherwiſe each exacerbation becomes leſs towards the end of the ſecond week and afterwards; the *delirium* is converted into a *ſtupor*; the criſis happens from the beginning of the ſecond, to the end of the third week; or the diſeaſe gradually leaves the patient, with very imperfect critical ſymptoms. From the middle of the ſecond week, and ſometimes ſooner, the ſymptoms of weakneſs, particularly thoſe indicating putrid blood, begin to appear; eſpecially if bleeding and ſtimulants have been uſed, and often ariſe to ſuch a height as to prove fatal.

Sometimes, although ſeldom, an inflammation ariſes at the beginning, alleviating, but hardly ever entirely terminating, the diſeaſe.

When putrid vapour is applied, it ſometimes produces at firſt, only ſome of the ſymptoms of the firſt ſtage, which continue ſeveral days, till a freſh cauſe

of

of fever gives occaſion to a conſiderable increaſe of them followed by a hot fit, and the fever proceeds as above.

The air is frequently to be changed in places where it is liable to putrify, and the putrid matter, that has been generated, is to be deſtroyed by acids converted into vapor. General Prevention.

As in the PLAGUE. Particular Prevention.

If ſome few ſymptoms only ariſe from putrid vapor, they are readily carried off by the emetic (No. 2.) and draught (No. 3.) or by (No. 4.) Cure.

No blood is to be taken away, unleſs the ſymptoms indicating ſtrong action of the veſſels, which are enumerated page [5] be ſevere, or the patient be very plethoric, and even then, with caution; and the bleeding hardly ever requires to be repeated.

We are to endeavour to leſſen the fever at the beginning, by the emetic (No. 2.) and the ſtomach is to be ſettled by (No. 3.) but ſweating is not to be attempted.

If the fever continues, in the evenings following that in which the emetic was given, until the fifth day,

(No. 6.) ℞ Sach. Alb. gr. xx.
Tart. Emet. gr. ſs. ad gr. j. divid. in Pulv. ij. Capt. unum hora viij alterum hora xj. Veſpert. cum Hauſt. (No. 4.) vel ſextâ quâque horâ.

At the beginning, through the whole periods, gentle ſedatives may be uſed, as

(No. 7.) ℞ Aq. Menth. vel Cinnam. ten. vel Alex. ℥iſs Succ. Limon. vel Mororum, vel Acid. Vitr. vel Mur. q. ſ. ad gratam acedin.

Syr. Violar. — — ℥j.
Ft. Hauſt. quartâ quâque horâ ſumend.

If the belly be not ſufficiently open, to one of the draughts may be added

(No. 8.) Add. Hauſt. Supraprælcrip.
Sal. Glauber. ver. ʒj ad ʒij vel Tart.
Vit. ℈ſs ad ʒj vel Tart. Solub. ʒi ad ʒjſs.

Small doſes of neutral ſalts have been exhibited at this time of the diſeaſe, but for the moſt part without any ſenſible advantage.

If the ſymptoms of the firſt ſtage ſhould increaſe with great violence in the ſecond week, particularly delirium, bliſters are often applied to the head and back, with great advantage; but bliſtering the patient from head to foot from this time to the end of the diſeaſe, exhauſts his ſtrength, quickens the pulſe, produces petechiæ, renders the ſyſtem extremely irritable, and ſometimes produces *ſubſultus tendinum*, and convulſions.

Acids are continued, provided the patient be not much affected with flatulency.

The belly is to be kept open if neceſſary by glyſters, from this time to the end of the diſeaſe.

(No. 9.) ℞ Decoc. commun. pro Clyſm. ℥ viij ad ℥ xiv.
Elect. Lenitiv. ʒvj ad ℥jſs vel Sal Glaub. ver. ℥ſs ad ℥j.
O. Lin. ℥jſs.
m Ft. Enem. pro re nata veſp. injic.

The greater the weakneſs the leſs of the purgative is to be employed.

As the ſymptoms indicating weakneſs appear, the ſtrength is to be ſupported.

Bibat Æger Vin. ℥ ſs ad ℥ ij bis ad Sexties Indies.

(No. 10.) ℞ Aq; Menth. ℥jſs.
Moſch. Chin. gr. ij ad gr. vi, vel
Camph. amygd. Solut. gr. ij ad gr. x, vel Alk. volat. mit. gr. x ad xx.
Syr. e Cort. Aur. } a a ℥ij
Aq; Menth. piper }
m Ft. Hauſt. capt. vj^ta quâque horâ.

If theſe medicines render the pulſe quicker, they are to be changed.

And the ſimple ſtimulants are, I think, to be avoided: if any is given, the Rad. Serp. Virg. will be the moſt uſeful, and may be added to (No. 7.)

If in the latter part of the diſeaſe with great weakneſs, there be conſiderable remiſſion without ſtupor; or if there be general relaxation of the ſecretories,

(No. 11.) ℞ Aq. Menth. Vulg. ℥jſs.
Pulv. Cort. Peruv. gr. xv. ad ℥ ſs.
Syr. e Cort. Aur. ℥ ij.
Aq. Menth. Piper. ℥j m. F. Hauſt.
Vel Loco Pulv. Cort. Peruv. decoct. ſequent. ℥ſs ad ℥j.

(No. 12.) ℞ Cort. Peruv. Craſs. Pulv. ℥j.
Aq. Font. ℔ i.
Coquantur ſimul-per decem Minut. prim. vaſe clauſo.
Capt. Hauſt. iv^ta vel vi^ta quâque horâ.

No criſis is to be attempted to be brought on towards the end, by medicines producing equable circulation.

The food, throughout the diſeaſe, is to be of thoſe articles marked *(a) (b) (c)*.

The Inflammatory FEVER

Cauſes.

IS produced in ſtrong habits by all the cauſes of FEVER, frequently by cold, but ſeldom by putrid vapour.

Diſtinction and Prognoſis.

The ſymptoms of the firſt ſtage are ſlight, particularly thoſe marked *(a)*; but they are followed by a violent hot fit, in which all the ſymptoms indicating ſtrength appear in a great degree, the whole fever being often entirely terminated by topical inflammation or hæmorrhage, leaving only the *Inflammatory Diatheſis*; or in a few periods the patient is deſtroyed by the ſtrong action of the veſſels immediately affecting the brain, or depriving him entirely of ſleep, and in conſequence of that, cauſing delirium, violent convulſions, and death. If none of theſe things happen, in the ſecond week the ſtrength diminiſhes, the fever goes off with a perfect criſis; or imperfect critical ſymptoms appear after each exacerbation, theſe becoming gradually leſs. The white cruſt covering the tongue in falling off, leaves ſometimes little exulcerations behind.

Prevention.

By avoiding the cauſes of fever.

Cure.

The action of the arteries is to be diminiſhed,

℞ V. S. ad ℥viij vel ℥xvj bis ter quaterve repet. pro re nata.

(No. 13.) ℞ Aq. Alexit. ℥jſs.
Sal. nitr. ℈j ad ℈ij, vel Sal. Alk. V.
Fix. Succ. Limon. ſatur. ℈j. vel
Spt. Minder ℥ſs.
Syrup. Limon. ℥ij m Ft. Hauſt.
quartâ vel ſextâ quâque horâ ſumend.

The

The belly is to be kept open by (No. 8.)

The action of bliſters, if there be no particular inflammation, is extremely uncertain.

If when the fever is almoſt entirely gone off, the delirium from want of ſleep continues, the ſyſtem being greatly weakened, after all other means of procuring ſleep have been tried and have failed, opiates may be uſed ſometimes with advantage.

If any exulcerations ariſe in the mouth, in this, or any other fever, either with or without apthæ, they are cured by

(No. 14.) ℞ Tr. Roſar. ℥viij.
Mel. Roſar. ℥j ad ℥ij m Ft. Gargariſmus utatur ſæpius.

Or, if they withſtand this, by (No. 11.), if it be not contra-indicated by the ſymptoms of the fever.

The food in the inflammatory ſtate is to be of the kinds marked (*a*); when the ſtrength diminiſhes, thoſe marked (*b*) may be uſed.

When the fever is entirely removed, relapſes are prevented by (No. 5.)

This fever, after the *Inflammatory Diatheſis* is conquered, ends ſometimes as the violent fever, and in this caſe is to be treated in the ſame manner.

The Low Nervous FEVER.

IN this FEVER the irritability of the body is very great; in conſequence of which, the periods throughout the whole diſeaſe are often irregular, and not well marked.

Perſons predisposed to the diſeaſe.

It attacks people of phlegmatic temperaments; or thoſe weakened by uſing food not ſufficiently nouriſhing for their exerciſe, by great evacuations, long-continued uſe of ſtimuli, &c.

Cauſes.

It may be produced by all the cauſes of fever; but it ariſes moſt commonly from affections of the mind, and from cold.

Diſtinction and Prognoſis.

For moſt part at the firſt attack, and in ſome of the following exacerbations, the ſymptoms of the firſt ſtage are few, and thoſe not violent, and they are followed by very ſlight hot fits: the periods however increaſe gradually; but it is often the end of the firſt week before the diſeaſe is completely formed, or gives the patient ſo much uneaſineſs as to make him apply for relief. From this time it continues to increaſe conſiderably, and is attended with the ſymptoms of weakneſs, particularly thoſe indicating great irritability, which often ariſe to ſuch a height, as of themſelves, or with the fever, to deſtroy the patient. The criſes happen generally in the third week, or later; or if there be no complete criſis, the exacerbations become gradually leſs violent, and more irregular, and at laſt leave the patient: in this caſe the diſeaſe is often drawn out to a great length.

If the patient be very weak at the firſt attack, both the ſymptoms of weakneſs and fever are ſenſibly greater at the beginning, and the diſeaſe is much ſhortened.

The

The patient is to be ſtrengthened (Vid. Hiſt. Diſeaſe) and the cauſes of fever are to be avoided. Prevention.

The fever at the beginning may often be removed, or ſo much leſſened, as to be of little conſequence; *(a)* by the emetic (No. 2.) and draught (No. 3); or *(b)* by (No. 6); or *(c)* even by (No. 4); or *(d)* by the neutral ſalts with gentle diaphoretics, as Cure.

No. 15.) ℞ Aq; Menth. vulg. ℥ſs
Alk. V. Fix: Suc: Limon. ſatur ℈j.
Pulv. Contrayer. — gr. xv. ad ℥ſs
Syr. Croc. } a a ℥iſs
Aq; Menth. Piper. }
m Ft. Hauſt. Capt. iv^tis quâque horâ.

If *(c)* *(d)* fail of producing the deſired effect, they frequently increaſe the weakneſs and irritability towards the end of the diſeaſe.

If the head ſhould be much affected towards the beginning, a bliſter applied to it, or to the back, often diminiſhes the whole fever, and relieves this ſymptom.

If by any of theſe means the fever is carried off, it is prevented from recurring by (No. 5.)

A ſtool, if neceſſary, may be procured by gentle laxatives at the beginning.

(No. 16.) ℞ Aq; Menth. Vulg. ℥jſs
Rad. Rhei Pulv: gr: x ad xviij
Tr^ra Sen — — — — } a a ℥j
Syr: e Cort: Aurant: }
m Ft. Hauſt. Capt. pro re nata.

Afterwards by glyſters (No. 9.)

When the weakneſs begins to appear in any great degree, the patient is to be ſupported in the ſame manner as in the violent fever: but ſimple ſtimulants are to be given with ſtill greater caution, on account of the irritability.

If at this time any conſiderable remiſſion ſhould appear, the bark as in (No. 11.) may be given every three or four hours, during ſuch remiſſion, with advantage; the ſame medicine may be employed if the ſymptoms of irritability be great, but the ſecretory organs tolerably free.

The food is to be of thoſe articles marked (*a*) (*b*) (*c*) and even (*d*) if the ſtomach will bear it, and ought likewiſe to be acidulated.

N. B. *It is to be remarked, that theſe fevers are all of the ſame ſpecies, and are only varied by the violence of the firſt ſtage, and by the ſtrength or weakneſs of the patient, which as they differ under different circumſtances in a great many ways, ſo they produce an almoſt inconceivable variety in the diſeaſe.*

In-

Intermittent FEVERS.

THEY happen from all the cauſes of FEVER, but generally from cold. Cauſes.

The periods for moſt part, even from the beginning, are violent in all their ſtages: they are ſometimes perfectly diſtinct at the firſt, but frequently run more or leſs into one another, and are attended with the ſymptoms indicating ſtrong action of the veſſels, eſpecially in the ſpring, and in cold climates: theſe gradually decreaſe, the periods become more diſtinct, and the fever often changes its type. In many caſes the intermiſſions become perfect, and continue ſo for ſome time; till the ſymptoms of weakneſs appearing, the fits re-double, anticipate, grow irregular, and leave the patient, or run into one another, and deſtroy him. Diſtinction and Prognoſis.

When a patient is cut off in an intermittent fever, it is often in the firſt ſtage of the paroxyſm.

The weakneſs occaſioned by this diſeaſe is great, and often not to be recovered without difficulty. It renders the patient ſubject to dropſies, and other diſeaſes, which are frequently fatal.

If an *Intermittent* attacks a weak patient, the intermiſſions for moſt part are not perfect even from the firſt, and they become gradually leſs ſo, till at length the patient ſinks.

If one fit of fever attacks a patient ſo that the period is completed in a few hours, and no ſymptom is left, it ſeldom recurs, and never without a freſh cauſe.

When a ſpaſmodic contraction of the *Ductus Choledochus* occaſions the throwing a quantity of bile into the blood veſſels, from whence it is ſecreted into the different glands, the intermiſſions are ſometimes rendered leſs perfect.

After

After an intermittent is cured, either naturally, or artificially, it is apt to recur from the ſlighteſt cauſe for many months, but leſs ſo when it has gone through its natural progreſs.

Prevention. The cauſes of fever, particularly cold, are to be guarded againſt. (Vid. the Catarrh.)

Cure. In habits where there is no great weakneſs, a perfect intermiſſion is to be procured,

(1) By cleanſing the *primæ viæ*; for which purpoſe the emetic (No. 2.) may be given in the intermiſſion; a gentle purgative may likewiſe be uſed.

(No. 17.) ℞ Infuſ. Sen. ℥jſs
P. Rad. Rh. ℈j ad ʒ ſs
Syr. Roſ. } a a ʒ ij m
Tr^a Sen. }
Capt. Interm. Temp. ita ut purgatio ex toto ceſſaverit ante Paroxyſmi Acceſſionem.

(2.) If the ſymptoms of ſtrength are great, bleeding will be uſeful for the ſame purpoſe.

(3). By medicines producing an equable circulation.

(No. 18.) ℞ Aq; Menth. vulg, ℥ jſs
Tart. Vitr. ʒ ſs ad ℈ ij vel Sal. Amm. ℈ij ad ʒj vel Tart. Emet. gr. ¼ ad gr. j
Aq; Menth. Piper. } a a ʒ ij m
Syr. Moror. }
Capt. quintâ vel ſextâ quâque horâ.

The emetic as above, will likewiſe act in the ſame manner.

It ſometimes happens that a perfect intermiſſion being procured by theſe means, the diſeaſe leaves the patient.

If notwithſtanding ſuch intermiſſion the fever continues, the fit is to be prevented,

(1) By medicines removing irritability.

(No. 19.) ℞ Cort. Peruv. Opt. Subt. Pulv. gr. xv ad ʒij
Capt. e Cyath. vin. generoſ. Horæ Quadrantis ad hor. iv. Intervallo ita ut Æger ſumat. ʒvi ad minimum inter duos Paroxyſmos.

As great a quantity is to be given at a time as the patient's ſtomach will bear; and the intervals between the doſes are to be as long as poſſible.

The bark is to be omitted during the time the ſubſequent paroxyſm ſhould have continued, and is then to be repeated in the ſame quantity and manner, eſpecially if any ſymptom of the fit ſhould have recurred; provided always that the paroxyſm has been greatly leſſened. The ſame meaſures are to be purſued in the third period: afterwards the medicine is to be omitted for four or five days, and then returned to for 24 hours; and this is to be practiſed twice or thrice, (at longer intervals each time.)

If there be any ſymptoms of inflammation in the breaſt, they ſhould be removed before the exhibition of the bark.

Symptoms of bile in the blood veſſels, are not to be attended to any farther than as they render the intermiſſions imperfect.

If the bark has been given imprudently, *viz.* when the patient is ſtrong, and no perfect intermiſſion has taken place, we are to omit it till ſuch intermiſſion is procured by the above means; but even then it acts leſs powerfully, than it would otherwiſe have done.

If the bark purges, from five to ten drops of laudanum may be given three or four times a day.

If the patient continues long bound, a ſtool may be procured by a ſmall doſe of rhubarb, or aloes.

If

If the ſtomach will not bear the powder, the decoction or extract may be uſed; or it may be applied in a glyſter, or even externally, though theſe methods are never ſo ſure of ſucceſs.

If the diſeaſe attacks a weak patient, or has continued till a ſtrong habit is much weakened, the bark is to be given at the time of the beſt remiſſion; it commonly brings on a ſevere but regular fit, and upon continuing its uſe the fever leaves the patient.

(2) By counteracting the cold fit at the time of its coming on.

(No. 20.) ℞ Aq; Cinnam. Spirit. ʒj ad ʒij
Menth. vulg. ʒj
Tart. emet. gr. ſs ad gr. jſs.
L. L. gtt. xx ad xl
Syr. Croc. ʒij m

Capt. ante Paroxyſmi Acceſſionem; Æger quoque in Lecto detineatur.

When the diſeaſe is cured, or the fits become ſlight and irregular, the patient is to be ſtrengthened,

THE

THE
Symptoms, Diſtinctions, Prognoſtics,
AND
INDICATIONS OF CURE,
WITH
THE REMEDIES
IN
INFLAMMATIONS.

Symptoms.

IN every INFLAMMATION, the pulſation of the arteries is increaſed; there ariſe a greater degree and ſenſe of heat; a greater redneſs; an itching, ſoon converted to an acute, and often a throbbing, pain, augmented on the parts being ſtretched; a ſwelling produced by a diſtention of the capillary veſſels and the veins, and ſometimes by an extravaſation of fluids; alſo a contraction, and inability of motion, in the muſcular fibres.

More fluids circulate through the part, and more are ſecreted in it when inflamed, than when in its natural ſtate.

The ſenſibility and irritability are increaſed by inflammation, and are produced by it in parts where they did not ſubſiſt before.

Cauſes.

INFLAMMATION is produced by,

1. External *ſtimuli*, (mechanical, chemical, or medical.)
2. Diſtention.
3. Diviſion of an irritable part.
4. The neutral-ſalts of the blood thrown out on the ſurface of an irritable part.

These cauſes operate more powerfully on habits in which the veſſels have great ſtrength or are acting ſtrongly; and on parts that are very irritable or ſenſible.

Effects of inflammation on the ſyſtem.

INFLAMMATION *(a)* ſometimes has no effect on the ſyſtem in general, *(b)* ſometimes it produces *Inflammatory Diatheſis*, or general inflammation; *(c)* ſometimes ſymptoms of irritation.

(a) In habits not very ſtrong, if the inflammation be ſmall, and the pain not violent, or if the part be eaſily diſtended, the ſyſtem is not affected.

Inflammatory Diatheſis.

(b) In ſtrong habits, or where the pain is great, and the patient not very weak, it produces *Inflammatory Diatheſis*, or general inflammation, by ſome called *Inflammatory Fever*; the ſymptoms of which are, a hard, and for the moſt part a ſtrong, full, and frequent pulſe; blood when taken from the arm more fluid, and continuing longer fluid, ſo that the red globules fall to the bottom, the coagulable lymph coagulating afterwards ſtrongly, and adhering to them, ſo as partly to form a cruſt on the top, called by ſome the *Buff*; a frequent reſpiration, attended ſometimes with a cough; a dry white tongue and thirſt; reſtleſsneſs; urine becoming turbid when cold, and ſometimes depoſiting a lateritious ſediment; univerſal redneſs, heat, and ſwelling; watchfulneſs and *delirium*; *ſtupor*, with red, ſwelled, protuberant, and often dull eyes, ſometimes converted into a violent, ſometimes into a low, muttering delirium, often at laſt terminating in convulſions and death.

Inflammatory Diatheſis differs eſſentially from fever, inaſmuch as the ſymptoms of the firſt ſtage do not neceſſarily proceed, or accompany it, and as it does not increaſe by exacerbations followed with relaxations.

It

It is excited by many cauſes, beſides inflammation.

(c) Where the pain is very great, or the habit very weak and irritable, or where an irritable part is affected, the ſymptoms of irritation take place, *viz.* a ſmall, quick, frequent pulſe; ſickneſs; univerſal reſtleſſneſs, and want of ſleep; urine remaining tranſparent when cold; depreſſion of ſtrength; faintings; coldneſs of the extremities, eſpecially when an internal part is affected; delirium, convulſions, or long-continued ſpaſmodic contraction of the muſcles, ſometimes terminating in death. Symptoms of great irritation.

Symptoms of irritation differ eſſentially from fever, inaſmuch as they leave the patient immediately upon their cauſe being removed.

They may be excited by other cauſes beſides inflammation.

Beſides theſe, various other ſymptoms are often produced, when particular parts are inflamed, and their functions thereby deſtroyed or hurt.

If the cauſe of an inflammation be removed, it ſometimes goes off ſoon; ſometimes continues for a long time, or terminates in another diſeaſe. Progreſs and termination.

(d) It goes off by,

(a) *Simple Reſolution*; when upon removing the cauſe, the ſymptoms diminiſh gradually, and at laſt leave the patient.

(b) *Reſolution by Evacuation*; (1) when the mucous glands of the part inflamed, or near it, do in conſequence of the inflammation ſecrete a conſiderable quantity of *mucus*, at firſt thin and tranſparent, afterwards becoming viſcid, and changing its colour to white, greeniſh, or yellow, often ſtreaked with blood; in this caſe, while the ſecretion is watery, the inflammation of the mucous membrane is increaſed; but as

the

the fluid acquires a proper viſcidity and colour, the diſeaſe gradually diminiſhes, and is frequently cured: (2) when an hæmorrhage ariſes in the part affected, and carries off the inflammation: (3) when a large or long-continued evacuation happens from ſome part of the body, and puts a ſtop to the diſtemper.

(*c*) *Reſolution in conſequence of Fever*; when a cold fit of fever is produced and cures the inflammation.

(*d*) *Metaſtaſis*; when an inflammation ariſes in another part, and carries off the primary one.

N. B. In all theſe caſes *calloſities* are ſometimes left.

(*B*) The inflammation continues for ſome time without alteration, or terminates ſoon in ſuppuration, gangrene, or ſcirrhus.

(*a*) The inflammation continues for a conſiderable time without greatly increaſing or diminiſhing, and without terminating in another diſeaſe.

(*b*) Suppuration; (1) when a quantity of fluid is thrown out into any cavity (the inflammation continuing) it ferments, and is converted into *pus*, which afterwards acts as a ferment on the ſolid parts, and gives occaſion for the converſion of the whole into a matter ſimilar to itſelf, the ſymptoms of the firſt diſeaſe going off. Sometimes a membrane is formed round the pus, which prevents it from acting upon the circumjacent parts; but more frequently it likewiſe ferments with them, till it has made itſelf an opening by which it is evacuated. This happens ſooner or later according to the diſtance of the inflammation from the ſkin, or the ſurface of a cavity opening externally. While it is taking place, the *pus* ſometimes ſeparates the muſcles, and other parts, from one another, by deſtroying the cellular membrane. After

After the *pus* is evacuated, a freſh inflammation ariſes; more matter is form'd on the ſurface of the cavity; a quantity of fleſh grows up and fills it; afterwards a ſcarf ſkin covers the whole, and the part is reſtored.

Sometimes the ſurface of the cavity continues to be deſtroyed; the ulcer is enlarged; a portion of the matter is abſorbed, and producing hectic fever, the patient dies.

(*b*) (2) When a quantity of fluid is converted into pus upon the ſurface of an inflam'd membrane, or other part, it ſometimes ferments with the ſolids underneath, and forms an ulcer ſimilar to that already deſcribed.

(*c*) Gangrene and mortification: in this caſe the ſymptoms of inflammation go off, and the part becomes paler, or of a brown colour, flaccid, and at laſt black; the ſcarf ſkin is raiſed up in large puſtules, which contain a ſemi-putrid *ichor*: at laſt the whole part putrifies; the ſurrounding parts are affected with eriſipelatous inflammation; and the gangrene and mortification ſpread, until they deſtroy the patient, by affecting a part neceſſary to life, or elſe by producing the ſymptoms of irritation.

This diſeaſe ariſes without any previous inflammation, from preſſure, ligatures on the veins, weakneſs, extravaſation of great quantities of blood, and the application of ſedatives.

(*d*) *Scirrhus* and *cancer*: when the inflammation is carried off, but a quantity of matter is left in the ſecretory veſſels of ſome gland, occaſioning a hardneſs and ſwelling. This often continues for a conſiderable time without alteration; but ſometimes without any ſenſible cauſe; ſometimes upon the application of a *ſtimulus*, the matter depoſited ferments, and is con-

verted into a peculiar fluid inflaming the part, and producing an ill-conditioned ulcer called an open cancer. In this ulcer good *pus* is never form'd; but the patient is exhauſted, and deſtroyed by the pain, the evacuation and the *ſtimulus* ariſing from the cancerous matter abſorbed.

Scirrhus ariſes without any previous inflammation from the proper fluid ſtagnating in the gland, or extravaſation from contuſion, or *Venous Plethora*.

Prognoſis. *Simple Reſolution* takes place when the ſyſtem is not ſtrong, when the inflammation is but ſmall; when it affects the ſkin only, or a ſoft part, or one not very ſenſible.

Reſolution by Evacuation is produced (1) when the mucous membrane is primarily or ſecondarily inflamed, or when in conſequence of the inflammation, the mucous glands near the part affected, are ſtimulated to a greater ſecretion; (2) when the capillary veſſels of the inflamed part are ſpread on a membrane conſtantly moiſtened, and in a cavity opening externally; (3) is accidental.

Reſolution in conſequence of Fever, happens principally when the inflammation aroſe at the beginning of the hot fit, diminiſhing, but not entirely carrying off the fever: a febrile exacerbation ariſes in the evening naturally, or from ſome new cauſe, and takes off the inflammation.

Metaſtaſis is accidental. The nearer the ſecond inflammation is to the original one, the more violent it is, or the greater the ſenſibility of the part it affects, the more certainly it carries off the firſt diſeaſe.

(*B*) (*a*) Happens if the ſkin be the part affected, the diſeaſe not violent, and the cauſe be frequently repeated.

Suppuration happens, (1) when the cellular membrane, or parts covered with it, are affected: it takes place more readily when the patient is young, or of a ſanguineous temperament, or of a ſtrong habit, or when the diſeaſe happens in the ſpring; (2) when the ſkin is inflamed ſo that the ſcarf ſkin is raiſed from it; or when a mucous membrane is affected, and the inflammation continues, notwithſtanding the increaſed ſecretion of mucus; or in wounds.

Gangrene and *mortification* happen when the part inflamed is irritable, or when there is preſſure, either from the tenſeneſs of the part, the contraction of a muſcle, or external application.

Scirrhus happens when a gland is the ſeat of the diſeaſe, and the inflammation terminates without coming to ſuppuration.

Indications of Cure *in* Inflammations.

Cure.

Resolution is to be procured, if poſſible.

I. Indication. The cauſes firſt producing the inflammation, and thoſe which afterwards continue it, are to be removed.

The method of removing many of the cauſes is obvious. Peculiar means of taking off ſome of them, are theſe that follow.

(*A*) Stimulating fluids, formed or ſecreted on the ſurface of an irritable membrane, are prevented from acting,

(*a*) By covering the membrane ſo that they cannot touch it, (1) with expreſſed oils, ſuch as ſperma cœti, oleum amygdalarum, oleum olivarum, ſevum ovillum, axungia porcina, butyrum; or (2) with vegetable mucilages, as, infuſum ſeminum lini vel cydoniorum, decoctum radicis althœæ, ſacharum.

(*b*) By deſtroying them with præparationes mercurii, &c.

(*c*) By taking off the irritability of the membrane, with cortex peruvianus, præparationes plumbi, ſtanni, &c.

(*B*) Diſtention of the internal veſſels, is removed,

By reſtoring the circulation on the external ſurface of the body. (Vid. Fevers, Ind. V.)

By the warm bath.

Stimulants applied to the ſyſtem are improper.

(*C*) The endeavour to diſtend the capillary veſſels beyond their tone, is avoided by relaxing them with aqua tepida ſcilicet ad caloris corporis humani gradum, olea expreſſa pura. (Vid. *A. a. j.*)

II. Indication. The ſtrong action of the arteries is taken off,

(*A*) By emptying them. The methods are, (*a*) venæ alicujus majoris in brachio, vel corporis alia aliqua parte ſectio ita ut quam citiſſime magna ſanguinis copia eximatur: (*b*) Venæ vel arteriæ ſectio, vel hirudinum applicatio ad partem affectam: (*c*) Purging with ſalia neutra, tartarus, manna, caſſia fiſtularis, fructus tamarindorum, radix jalappæ.

(*B*) By the application of ſedatives to the ſtomach, as, Acidum vitriolicum, muriaticum, limonum; infuſum theæ, ſarſæ; aqua calida; nitrum.

(*C*) By the application of ſedatives to the part, as (*a*) Herbum abſinthii, matricariæ; radix bryoniæ albæ: (*b*) Flores roſarum rubrarum, acidum vitriolicum, muriaticum, acetoſum; alcohol; farina avenæ; aqua ſoluta vel commixta; (*c*) Præparationes cupri, plumbi, zinci; alumen.

(*D*) By raiſing an inflammation on the ſkin near the part originally affected, (except when the ſkin

itſelf is inflamed) by means of cantharides, ſemina ſinapi, cauterium actuale, acida, alkali volatile, frictio.

III. Indication. Is the management of reſolution by evacuation from the mucous glands.

(A) The evacuation is produced or aſſiſted by ſtimulants, as, radix ſcillæ, gum ammoniacum, balſamum tolutanum, radix alii, acidum muriaticum, limonum.

(B) (Vid. Ind. 1ſt. *A. a.*)

(C) The ſecretion of the *mucus* is to be ſtopped, after the inflammation is carried off; (*a*) by ſtrengthening the ſyſtem; *(b)* by applying aſtringents, (1) to the part, as, ſalia & calces metalorum; (2) to the ſtomach, as, gallæ, alumen, *&c.* opium, balſamum copaibæ, peruvianum, canadenſe, terebinthini.

Where the inflammation cannot be cured by *Reſolution*; or when an external inflammation has ariſen in the hot fit of a fever, and has diminiſhed, or entirely carried it off, and ſometimes in inflammations occupying glands, *ſuppuration* is to be produced; in order to which,

IV. Indication. The inflammation is to be kept in a proper degree.

(A) If it be too violent, and tending to gangrene, it is to be diminiſhed. (Vid. Ind. 2.) *(A. a. c)* (*C. a.*) (Ind. 1ſt. *C.*)

(B) If it be too ſlight, it is to be increaſed by ſtimulants,

(*a*) Applied to the ſtomach, as (1) cortex peruvianus; (2) balſama et reſinæ; (3) belladona, ſolanum cicuta.

(*b*) Applied to the part, (1) farina lini, fænugreci, oleum lini; (2) galbanum, terebinthinum, thus.

Theſe, though ſometimes uſed, are generally too powerful.

V. INDICATION. If a gangrene is come on, it is to be prevented from ſpreading,

(A) By vinum, moſchus, camphora, *&c.*

(B) By cortex peruvianus.

(C) By ſtimulating the part with oleum terebinthini, ſcarificatio, *&c.*

IV. INDICATION. The management of a *Scirrhus.*

(A) It is prevented by producing *ſuppuration.*

(B) If it be already formed, and (1) is large, increaſing, and detached, it is to be cut out, or deſtroyed by cauſtics; or (2) if it be ſmall, and continues of the ſame ſize, nothing is to be done; *diſcutients* are dangerous.

VII. INDICATION. The management of a *Cancer.*

(A) Good *pus* is produced by (Vid. Ind. 4. *B. a.* 3.) arſenicum.

(B) The pain is relieved by deſtroying the ſenſibility of the part with præparationes plumbi, *&c.*

INTERNAL

INTERNAL PHLEGMONOUS INFLAMMATIONS.

THE

INFLAMMATION of the BRAIN.

Cauſes.

IT ariſes, from an increaſed action of the veſſels in the ſyſtem, produced by hard drinking, anger, and indigeſtible, or viſcid food in the ſtomach; from an expoſure of the head to the ſun; or from *inflammatory diatheſis* happening at the beginning of a fever, or in any other diſeaſe.

Symptoms and cauſes of delirium.

Delirium comes on with watchfulneſs, or reſtleſs, and unrefreſhing ſleep, with dreams, loſs of memory, the patient's picking hairs from the bed-cloaths; inſenſibility to external objects; the functions of the body are diſturbed; the imagination hurried, and diſcourſe incoherent.

It may happen from fever, *inflammatory diatheſis*, great irritability, and *mania*, without any topical inflammation of the brain.

Symptoms.

There ariſes a throbbing pain in the internal parts of the head, which, if the *meninges* are affected, is acute; if the ſubſtance only, obtuſe, and ſometimes but juſt ſenſible. The eyes for the moſt part are red, and ſwelled, tears frequently flow from them, and ſometimes a watery *mucus*, or blood drops from the noſe: the face is often fluſhed. Theſe ſymptoms are attended with more or leſs of the *inflammatory diatheſis*, according as the *meninges*, or ſubſtance of the Brain, are affected. They are followed by *ſtupor* and *delirium*, which ſometimes become violent, and are attended with convulſions; and in any caſe, unleſs ſome natural or artificial means of *reſolution* are applied, the patient for the moſt part is cut off. Sometimes, however, the inflammation goes on to ſuppuration,

ration, eſpecially if the ſubſtance of the brain is affected: in that caſe, the ſymptoms abate, a ſtupor only being left: but in proceſs of time, unleſs the *pus* be abſorbed, the whole brain is deſtroyed.

It is prevented by avoiding or counteracting the cauſes. Prevention.

The moſt powerful means of *Reſolution* are immediately to be employed. Cure.

Fiat V. S. e brachio ad ℥xij, xx, vel xxx pro diatheſi inflammatoria aut corporis viribus et repetatur pro re nata.

After the ſtrength of the ſyſtem, or *I. D.* are diminiſhed.

Fiat venæ ſectio e vena jugulare, vel arteria temporale; vel temporibus applicentur hirudines.

At the ſame time evacuations from the inteſtines may likewiſe be performed with advantage.

(No. 21.) ℞ Infuſ. Tamarind. ℥iv.
Sal. Glaub. ver. ℥ſs ad ℥iſs.
Vel. Tart. Solub. ℥ſs ad ʒvj
Vel. Polychreſt. Rupel. ℥ſs ad ℥j
Syr. Roſar. ʒij
m Ft. Hauſt. purganſ. Capt. poſt V. S. et repet. pro re nata.

When the purgative is not operating (No. 4.) or (No. 13.) may be given.

After having diminiſhed the ſtrength of the veſſels,

Applicet. Emplaſt. Epiſpaſt. Capiti raſo.

The food throughout the diſeaſe is to conſiſt only of decoctions of farinaceous ſeeds in water, acidulated.

N. B.

N. B. ***When an inflammation arises at the beginning of a fever, and it, as well as the*** **inflammatory diathesis** ***continues, such fever is also to be attended to in the cure of the inflammation, and the treatment varied according to the violence of them.***

The

The ANGINA.

(*Commonly called the* Inflammatory Angina.)

IT is an inflammation of any of the parts about the throat, excepting the ſkin, and mucous membrane. Definition.

It ariſes from cold, diſtention of the parts; *ſtimuli* applied to them, and the other cauſes of inflammation. Cauſes.

Theſe act more powerfully in people of ſanguineous temperaments, in the ſpring, and in thoſe affected with *inflammatory diatheſis*, eſpecially at the beginning of an inflammatory fever.

The ſymptoms are thoſe common to inflammation; or thoſe ariſing from the paſſage of the air into the lungs; of the food or drink into the ſtomach; of the blood in the jugular veins; or the ſerum in the lymphatics of the neck's being obſtructed. Symptoms.

The common ſymptoms of inflammation are, (according to the part affected) either external ſwelling, with redneſs and pain, gradually increaſing, and becoming harder; or ſwelling with redneſs, and pain in the tonſills, *fauces*, *velum pendulum palati*, about the root of the tongue, or *pharynx*, gradually increaſing; or, laſtly, a very acute pain in the region of the *larynx*, without any external appearance.

If the mucous membrane be affected, a larger quantity of thick, viſcid mucous is ſecreted.

More or leſs of general inflammation is produced according to the part affected, or the ſtrength of the patient.

When an *Angina* ariſes at the beginning of a fever, the fever is ſometimes entirely terminated, ſometimes only

only diminiſhed; in which caſe, its ſymptoms continue along with thoſe of the inflammation.

If the *larynx*, *trachea*, or parts adjacent, are inflamed, the paſſage of the air into the lungs is obſtructed, and there ariſe, a difficulty of breathing, anxiety about the *præcordia*, ſwelling of the veins of the neck, ſwelling of the face, *ſtupor*, lividneſs about the eyes and in the whole face, *delirium*, a very frequent, irregular pulſe, and at length the patient is ſuffocated.

If the muſcles ſerving for deglutition, the tonſils, *pharynx*, or parts adjacent are affected, there ariſe, a pain in attempting to ſwallow, with a ſenſe of ſwelling in the throat; a difficulty in ſwallowing; *nauſea*; the food and drink return by the noſtrils, or getting into the *larynx* produce violent fits of coughing; at laſt the paſſage of the food and drink into the ſtomach, is totally ſtopped up, and the patient is deſtroyed.

If the lymphatics of the neck are compreſſed, there ariſe *ædematous* ſwellings of the face, and other parts of the head.

If the jugular veins are obſtructed, *ædematous*, and livid ſwellings ariſe in the face, tongue, throat, and parts adjacent; the eyes become red and protuberant; the patient is affected with a *ſtupor* and *delirium*, and at laſt is ſuffocated.

Diſeaſes to be diſtinguiſhed from the Angina.

Swellings about the throat ariſe from *ſcirrhus*, *ſcrophula*, and dropſy, as well as from inflammation; as do likewiſe pain, and difficulty of ſwallowing and breathing from catarrh, exulceration, ſpaſmodic contraction of the muſcles, and *paralyſis*.

Termination of the inflammation.

If the patient is not deſtroyed by the reſpiration, deglutition, or brain's being affected, the *Angina* terminates, as other inflammations, but principally in ſuppuration.

When

When ſuppuration takes place, the ſwelling diminiſhes, and the ſymptoms are ſomewhat relieved; the *pus* opens itſelf a way externally, or internally, and generally produces an ulcer eaſily cured; but it ſometimes is apt to form *ſinus's*, or fall into the lungs and bring on exulcerations in them.

Gangrene and mortification in moſt parts of the throat are fatal.

N. B. *As inflammations of theſe parts about the throat may ariſe independent of one another, as their Symptoms, Progreſs, and termination, are various, they ought to be conſidered as different diſeaſes.*

The CURE is beſt performed by *Reſolution*; for this purpoſe, Cure.

1ſt, Evacuations are to be produced, *viz.*

(*a*) By bleeding from the arm in quantity according to the general inflammation, and repeatedly, until it be greatly diminiſhed.

(*b*) By bleeding from the part by opening the jugular veins, or thoſe under the tongue, or applying leaches.

(*c*) By purgatives, as (No. 21.) repeated every Day for the firſt two or three days of the diſeaſe.

2d, By producing inflammation upon the ſkin.

(No. 22.) ℞ Ol. Olivar. ℥j.
Alkal. Volat. Cauſt. ℥ij ad ℥j.
Camph. Gr. xxx.
m Ft. Liniment. inung. Fauces externe ſæpius.

After the *inflammatory diatheſis* is conſiderably diminiſhed by evacuation, bliſters are to be applied as near the part as poſſible, provided the ſkin itſelf be not inflamed.

3d, If

3d, If the external inflammation be conſiderable, fomentations and poultices are to be applied.

(No. 23.) ℞ Flor. Cham.: vel Summit.: Abſynth.: vel Summit. Centaur. Minor.: Manip ij.
Rad. Bryon. Alb. recent. ℥j.
Folior Malv.: vel Alth. Man. j contunde et leviter coque in Aq. Font. iiij.
Colatura utatur pro Fotu ter indies.
Add. Herbis Coctis.
Ungent Simp. ℥ij.
Ft. Cataplaſma Part. affect. applicandum.

4th, When we are not exhibiting purgatives, or in the intervals of their operation, (No. 4.) or (No. 13.) are uſed with advantage.

5th, The inflammation may ſometimes be diminiſh'd, by augmenting the ſecretion from the mucous glands of the mouth and throat, and we are to endeavour to prevent the mucous membrane from being affected by the falts of the thin mucus.

(No. 24.) ℞ Aq; Cinnam. Ten. ℥viij
Oxymel Scillit. ℥ſs
m
Ft. Gargariſma utatur ſæpius.

(No. 25.) ℞ Syr. ex Alth. } aa ℥j.
Ol. Amygd. }
Conſerv. Cynoſb. ℥ſs.
m Ft. Linctus Capt. Coch. unum parvum frequenter.

6th, But it is generally much better to employ ſedatives, as (No. 14.)

The air of the room ſhould be moderately warm, and the patient ought to avoid ſpeaking, and for food to make uſe of the barley water only.

If.

If the paſſage of the air into the lungs be ſo much obſtructed as to threaten immediate ſuffocation, *bronchotomy* is to be performed.

If no fluid can be got into the ſtomach, the blood veſſels may be ſupplied in ſome meaſure by glyſters.

(No. 26.) ℞ Aq; Font. ℥vj
Amyl. Alb. ʒiij.
ſolve.
Ft. Enema quartâ quâque horâ injic.

If the blood be prevented from returning from the brain, ſo as to endanger immediate ſuffocation, the patient is to be bled in the jugular veins.

If the inflamed parts ſuppurate, the mouth and throat are to be kept moiſt with,

(No. 27.) ℞ Infuſ. Sem. Lin. ℔j
Sach. Alb. — ʒj
Succ. Aur. Hiſp. ℥ſs

And as ſoon as there is any fluctuation of matter felt, an opening is to be made into the abſceſs.

The Inflammation of the LUNGS, or PERIPNEUMONY.

Cauſes.

IT is produced by cold applied to the ſkin, mouth, or ſtomach; by general inflammation; by an over diſtention of the lungs; or by catarrh.

Any ſolid ſubſtance falling into the lungs by the *trachea*, or a wound penetrating into them, produce the inflammation, but with different ſymptoms.

Theſe cauſes act more powerfully in people ſubject to inflammation in general; in thoſe who have narrow cheſts; or who have been formerly affected with *peripneumony*, *aſthma*, or frequent *catarrhs*; where the lungs adhere to the *pleura*, ſo as at any time to prevent a free reſpiration; or where external inflammations that were become habitual, are taken off.

Symptoms and progreſs.

The inflammation begins with an obtuſe pain in the breaſt, ſometimes occupying one ſide, ſometimes both, accompanied with a difficulty of breathing and cough, the air from the lungs being peculiarly hot. There ariſe a ſenſe of fulneſs in the *thorax*, anxiety about the *præcordia*, with reſtleſsneſs, loſs of appetite, and ſleep; a frequent pulſe, ſometimes hard, but ſeldom ſtrong, or regularly full; and often turbidneſs in the urine. The difficulty of breathing, and ſenſe of fullneſs increaſe; and a quantity of thick mucus being ſecreted occaſions a ſound, as the air paſſes through the branches of the *trachea*. If the patient attempts to lie down, there is an appearance of an immediate ſuffocation; he is therefore obliged to continue with his head and ſhoulders more or leſs elevated. The paſſage of the blood thro' the lungs is obſtructed, ſo that the veins of the neck begin to ſwell; the pulſe becomes every

way

way irregular; the face ſwells, and is of a dark red colour, eſpecially about the eye-lids and cheeks; the tongue likewiſe ſwells, and becomes of a dark red; the eyes are dull; *ſtupor*, and a low *delirium*, ſucceed; and at length the patient is ſuffocated.

If the ſymptoms do not riſe to ſo great a height, and, at the ſame time, no means of *Reſolution* have been applied before the fourth day; or if thoſe means are not ſufficiently powerful; or if they are not continued until the diſeaſe is totally carried off, a ſuppuration takes place, and is indicated by ſlight and frequent ſhiverings, the pain at the ſame time going off gradually; the ſenſe of fullneſs and cough, with the other ſymptoms diminiſhing, and the patient being only able to lie on that ſide which was moſt affected.

SUPPURATION, unleſs the abſceſs breaks ſoon into the lungs, or the *pus* is abſorbed into the veſſels, is generally fatal, producing hectic fever, and pulmonary conſumption.

If the inflammation be very violent, gangrene and mortification ſometimes, though ſeldom, ariſe. In this caſe the breathing is ſomewhat relieved; but the pulſe becomes extremely frequent and weak; the other ſymptoms of irritation come on; the patient ſpits up a blackiſh, fœtid ichor, and is ſoon carried off.

The inflammation of the LUNGS is a diſeaſe of the bronchial artery only.

They who are deſtroyed by acute diſeaſes, are by no means cut off at laſt by an inflammation of the lungs, as has been ſuppoſed.

It ſhould be diſtinguiſhed from difficulty of breathing in fever; from other inflammations of the breaſt; Diſtinctions.

from *catarrh*, *aſthma*, and *peripneumonia-notha*, and thoſe difficulties of breathing which happen in chronical diſeaſes.

It admits of a natural cure,

1ſt, By a ſecretion of *mucus* from the lungs, ſpit up at firſt thin, and with uneaſineſs, becoming gradually thicker, and of a greeniſh, or yellow colour, often mixed with blood, relieving, and gradually diminiſhing the ſymptoms, ſo as to carry off the diſeaſe before the fourteenth day.

If there be a great *hæmorrhage* from the lungs, it happens for the moſt part, that either the patient is immediately ſuffocated, or an ulcer is produced.

If the matter ſpit up contains hard maſſes, or is of different colours from what has been deſcrib'd, although the ſymptoms ſhould be relieved, there is danger of an ulcer.

If the ſecretion continues watry, the diſeaſe is ſometimes increaſed by it, or converted into a catarrh.

If the *peripneumony* is not carried off before the fourteenth day, the lungs commonly ſuppurate, although not always.

2d, By an inflammation, or hæmorrhage, ariſing in ſome other part of the body.

If a *peripneumony*, or other inflammation take place after a cold fit of fever, and the fever continues along with the inflammation, which has been relieved either naturally or artificially, a criſis in the ſecond week ſometimes carries off both diſeaſes.

Cure. The cure is performed, (1) by ſimple *Reſolution*, or (2) by evacuation from the mucous glands.

The firſt is obtained

(A) By emptying the veſſels of the lungs.

(a) By bleeding. We are to be ruled as to the quantity of blood taken away, by the ſtrength of the patient.

patient. For when from the violence of the inflammation the pulſe is ſmall, frequent, and irregular, it often riſes, and becomes regular after the operation. From the diſeaſe's increaſing, or recurring, it is often neceſſary to repeat this evacuation two or three times.

(*b*) By producing a free circulation in the other parts by (No. 4. or No. 13.)

(*c*) By keeping the patient in an air moderately warm.

(*d*) With this view the ancients applied ligatures to the arms and thighs, to confine the blood in the veins.

(*e*) The warm bath has been uſed for the ſame purpoſe in other internal inflammations.

(*B*) By inflaming another part; (*a*) by rubbing (No. 22.) on the ſide; (*b*) by bliſters, which are applied with greater advantage to the ſide and back, than to the extremities.

To theſe methods ſtimulating medicines have been added, (as volatile alkali) to produce ſweating: but they often do more hurt by their *ſtimulus*, than good any other way.

For the management with regard to the food (Vide the *phrenitis*.)

The ſecond method of cure is performed,

(*A*) By increaſing the ſecretion from the mucous glands, by ſtimulants.

(No. 28.) ℞ Aq; Puleg. ℥jſs
Oxymel. Scillet ʒj ad ʒij
Aq; Menth. Piper. ʒj
m Ft. Hauſt. Capt. quartâ quâque horâ.

(No. 4.) ℞ Aq; Puleg. ℥jſs
Gum. Ammon. gr. x & xv.
Syr. Limon. ℥ij
m Ft. Hauſt. Capt. ut ſupra.

By inhaling the vapour produced from the infuſion of pectoral herbs.

(*B*) By defending the mucous membrane from the ſalts contained in the *mucus* ſo ſecreted, with mucilaginous, or oily medicines.

(No. 30.) ℞ Amygd. decort. ℥j
Gum. Arabic ℥jſs
Mel. — — ℥iv
Aq; Font. — ℔ij
m Ft. S. A. Emulſio bibat poculum frequenter.

Or, (No. 25.) may be given.

Opiates have ſometimes been uſed, when the *mucus* ſpit up was thin, and the cough troubleſome: but as for the moſt part they increaſe the difficulty of reſpiration, they are commonly hurtful.

(*C*) If, notwithſtanding the ſpitting, the inflammation ſhould increaſe, moderate bleeding is uſeful to prevent the ſuppuration; but the taking away a great quantity diminiſhes or ſtops the ſecretion.

The ſame remedy is to be uſed, if much pure blood is ſpit up.

During the firſt days eſpecially where the patient is ſtrong, the food ought to be the farinaceous decoctions acidulated. To theſe ſhould be afterwards joined preparations of the farinaceous ſeeds, with preſerved juices of fruits, (as currant jelly, *&c.*)

The remedies in the firſt method, except the plentiful and repeated Bleeding, may be alſo uſed in this; and, on the other hand, thoſe recommended under this

this head, may be uſed along with the firſt: ſo that the only queſtion is, whether the cure is to be principally truſted to the bleeding, or to the evacuation from the lungs by ſpitting.

The firſt method is to be followed in ſtrong; the ſecond in weak patients, and when the diſeaſe is accompanied with the ſymptoms of the firſt ſtage of fever.

The obſtruction to the paſſage of the blood thorough the lungs, ſometimes retards the flowing of the ſerum from the thoracic duct into the left ſubclavian vein, and produces dropſical ſwelling of the extremities; but theſe go off with the diſeaſe, and ſeldom require any particular treatment.

The PLEURISY; or,

Inflammation of the Pleura.

IT has been much diſputed, whether this diſeaſe be an inflammation of the *Pleura*, or of the external coat of the lungs. It appears moſt probable, that the inflammation ariſes in the *Pleura*, and ſpreads from thence to the lungs.

Cauſes. Its cauſes are, cold applied to the ſkin; ſudden and great diſtention of the *Pleura* in inſpiration; drinking cold liquors after being heated by violent exerciſe. The pleuriſy, and moſt other inflammations, ariſe frequently in the hot fit of fever, moſt commonly in the firſt period, ſometimes in the ſecond, and leſs frequently in the third; either from the *inflammatory diatheſis* alone, or from a *ſtimulus*, too ſlight to affect people in perfect health.

Adheſions of the *Pleura* to the lungs affecting the breath, and the cauſes which render people liable to peripneumony, have the ſame effect with regard to the pleuriſy.

The manner in which inflammation ariſes in fever. When a pleuriſy, or other inflammation, ariſes in the hot fit of fever, it is preceded by *horror* and *rigor*, cold, frequency of the pulſe, and ſeveral of the other ſymptoms of the firſt ſtage (v. page 3.) Theſe are followed by the ſymptoms of the ſecond ſtage, (v. p. 4.) together with thoſe of general inflammation, (vide p. 30.) after which, the pain, and other ſymptoms of the inflammation in the ſide or part affected, take place; and the ſymptoms of the firſt ſtage of fever commonly leave the patient, thoſe of the general inflammation continuing. Sometimes the ſymptoms

of

of the firſt ſtage of fever are only relieved. In this caſe, anxiety about the *præcordia*, tranſparent urine, particular evening *paroxyſms*, &c. continue along with the inflammation, produce a different progreſs and termination of the diſeaſe, and require a variety in the treatment.

When the inflammation of the *Pleura* comes on, whether it be the original diſeaſe, or preceded by the ſymptoms of fever; it begins with an acute pain in the ſide, above the ſhort ribs, ſometimes towards the back (when it is leſs violent) increaſing greatly on inſpiration, diminiſhing on expiration, and from thence producing a difficulty of breathing. The inſpirations are ſhort, the ribs kept as much at reſt as poſſible, and the diaphragm and muſcles of the *abdomen* move conſiderably. Symptoms and progreſs of the pleuriſy.

In all difficulties of reſpiration carried to a height, the patient is obliged to have his body more or leſs in an erect poſture; the ſhoulders and clavicles are raiſed; the noſtrils move, and the mouth is opened.

The difficulty of breathing in a pleuriſy produces a cough, which is ſhort, ſuppreſſed, and ſometimes dry; but at other times is attended with a ſpitting of *mucus* from the lungs, at firſt thin, and proceeding afterwards exactly as in the peripneumony, and relieving or curing the diſeaſe in the ſame manner.

If the patient be not affected with *inflammatory diatheſis* before this inflammation, it is always brought on in a few hours; and its ſymptoms (vid. p. 30.) are ſometimes ſo ſevere as to deſtroy the patient. The difficulty of reſpiration alſo increaſes, ſometimes to ſo great a degree, as to prevent the blood from paſſing thorough the lungs, and the brain is compreſſed; or he is ſuffocated with the ſame ſymptoms as in the peripneumony.

If gangrene and mortification take place, the pain ceaſes ſuddenly, without any apparent cauſe; the pulſe is very frequent, quick, ſmall, weak, and often irregular; *delirium*, with convulſions, come on; and the patient is certainly deſtroyed.

If he does not die in any of theſe ways, and if the diſeaſe be not relieved by the ſpitting, or by ſome other natural, or artificial method, matter is form'd; which is ſhewn by irregular coldneſs and ſhiverings, the pain going off, or becoming ſlight and obtuſe. If the matter points externally, a fluctuation is felt on the part affected; if the *pus* is contained in the cavity of the *thorax*, it is felt between the lower ribs, and the patient cannot lie on the oppoſite ſide. If any means of *Reſolution* have been applied, ſo as to diminiſh the inflammation, and a ſuppuration nevertheleſs comes on, it often does not begin till late in the diſeaſe, ſometimes not before the fourteenth day.

This termination is moſt commonly fatal.

Sometimes, inſtead of a formation of matter, there is an extravaſation of *ſerum* and coagulable lymph into the cavity of the *thorax*, attended nearly with the ſame ſymptoms, and equally fatal.

It is cured naturally by a ſpitting, and the other means enumerated in the peripneumony. (Vide p. 50.)

Progreſs of an inflammation attended with fever.

If this, or any other inflammation, begin with the ſymptoms of the firſt ſtage of fever, and they remain after the pain has ariſen, when the inflammation is diminiſhed by any natural or artificial means; it frequently happens that the fever continues, increaſes, and is attended with weakneſs, till the patient die.

If the inflammation go off by *Reſolution*, the *Pleura*, and external membrane of the lungs, generally adhere.

Slight

Slight inflammations of this, and other membranes, are often attended with no other ſymptom, but a degree of ſoreneſs; nor any conſequence, but adheſions.

It ſhould be diſtinguiſhed from other inflammations of the breaſt, *diaphragm*, intercoſtal muſcles, inteſtines, and liver; from ſpaſmodic pain in the ſide, or inteſtines; and from rheumatiſm of the ſide. Diſtinctions

As in the pleuriſy, the *inflammatory diatheſis*, or general inflammation, is greater than in moſt topical one's; it yields better to evacuations, eſpecially to bleeding. To this, therefore, in general we truſt principally for the cure; and in the caſe of a ſtrong habit, take away from twenty to thirty ounces of blood at once; repeating the blood-letting, if the diſeaſe continues, to twelve, ten, eight ounces, or leſs, according to the circumſtances, as long as the pulſe is hard, unleſs the ſymptoms of the firſt ſtage of fever have continued: in this caſe, ſuch a quantity of blood muſt not be taken away, nor the bleeding ſo often repeated. Cure of the pleuriſy.

All the other remedies recommended in the peripneumony, are equally applicable in the inflammation of the *Pleura*; and are to be uſed in aid of the bleeding from the ſyſtem in general.

Cupping glaſſes, with and without *ſcarification*, have been applied in both diſeaſes, ſometimes with advantage; but the cold air, to which the ſkin is expoſed during the operation, often over-balances the good effect of it.

The belly is to be kept open by antiphlogiſtic laxatives; (Vide No. 8.) but ſtrong purgatives are not to be given in any inflammation of the breaſt, where the mucous membrane of the lungs is not the principal part affected.

The

The food is to be the ſame as in the peripneumony.

Treatment of an inflammation attended with fever.

When the ſymptoms of the firſt ſtage of fever, precede this, or any other inflammation, and remain after it takes place, bleeding often carries off the *inflammatory diatheſis*; but the inflammation and fever continue. In this caſe, further evacuation is of no uſe, and therefore we muſt proceed in the cure by the other methods recommended in each inflammation: in this, for example, by expectorants, relaxants, bliſters, *&c.* If the fever ſhould continue, and the ſymptoms of weakneſs come on, the ſtrength muſt be ſupported, as has been ſhewn in the end of fevers, notwithſtanding ſome little pain remaining in the inflamed part.

The Inflammation of the INTERCOSTAL MUSCLES.

The ſpurious pleuriſy.

THIS diſeaſe has been called the *Spurious* Pleuriſy. It ariſes nearly from the ſame cauſes, is attended almoſt with the ſame ſymptoms, and is to be cured in the ſame manner.

Its difference from the pleuriſy juſt now deſcrib'd, appears in theſe particulars: it may be produced by external cauſes; a ſwelling appears externally, with pain on the parts being touch'd; there is leſs pain on inſpiration, and of conſequence not ſo great a difficulty of breathing; the cough is for the moſt part dry; the general inflammation does not ariſe in ſo great a degree; the lungs are not ſo apt to be affected; the patient is never ſuffocated; and there is but little danger from ſuppuration.

It is ſeldom or never cured by a ſpitting; but on the other hand, fomentations and poultices are applied to the part, with much greater effect than in the pleuriſy. Purgatives may alſo be uſed with greater freedom.

The Inflammation of the MEDIASTINUM.

THIS diſeaſe is alſo in many things ſimilar to the pleuriſy: its cauſes are the ſame. The pain ſtrikes obliquely from the *ſternum* through the breaſt to the back: there is a difficulty of breathing, and cough, attended ſometimes with a ſpitting. Theſe ſymptoms, however, are not ſo violent as in the pleuriſy; nor is the pain on inſpiration ſo much increaſed, or the *inflammatory diatheſis* ſo great: ſuppuration is with greater difficulty avoided; and, when it happens, is commonly fatal. Inflammation of the mediaſtinum.

It is to be cured in the ſame manner as the pleuriſy.

The Inflammation of the PERICARDIUM.

THIS alſo has many things in common with the inflammation of the *pleura*; but the pain is deeper ſeated, and is not ſo much increaſed upon inſpiration. Inflammation of the pericardium.

If the heart is affected, the pulſe becomes ſmall, irregular, and intermittent, with immenſe anxiety. The patient falls into *ſyncope's*, and is ſoon deſtroyed.

It is to be treated alſo as the pleuriſy.

The

The PARAPHRENITIS, or Inflammation of the DIAPHRAGM.

The paraphrenitis.

IT ariſes from the ſame cauſes as the inflammation of the *Pleura*. The pain is very violent and deep ſeated in the lower part of the breaſt, or under the ſhort ribs; or ſtriking between them and the back: the belly is drawn up, and kept as much at reſt as poſſible; the reſpiration is exceſſively quick, ſmall, and difficult, and performed principally by the muſcles of the breaſt; the patient is frequently affected with ſickneſs and hiccup; the pulſe is for the moſt part very frequent, ſmall, hard, and often irregular; there is great anxiety; the other ſymptoms of irritation (vide p. 31.) come on, and death frequently enſues. If this does not happen, the progreſs, termination, and manner of treatment are nearly the ſame as in the pleuriſy.

Of theſe inflammations in the breaſt, that of the *Pleura* near the fore part of the ribs, and that of the lungs, are the moſt frequent.

The inflammation of the *Pleura* is almoſt always attended with ſome degree of the inflammation of the lungs; ſometimes all theſe parts are inflamed together; but more commonly only one at a time in the ſame patient.

The Inflammation of the INTESTINES.

THE inflammation of the exterior coats of the INTESTINES (of which the ſymptoms and manner of treatment are here laid down) differs greatly from that of the interior, villous, or mucous membrane; this laſt being attended with dyſentery, or *apthæ*. (Vid. the Dyſentery.) The diſeaſe.

It is brought on by external cold, indurated *fæces*, heavy or hard bodies lying in the inteſtines, introſuſceptions, adheſive ſtimulants, ſpaſmodic contraction of the inteſtines, *hernias*, and wounds. It takes place alſo, as other inflammations in the beginning of a fever. (Vid. the Pleuriſy.) The cauſes.

The ſymptoms are a pain in the belly, occupying different parts according to the inteſtine affected; but fixed to the place in which it aroſe at firſt. It is extremely acute, except when the diſeaſe ariſes from a wound, and then it is ſometimes hardly ſenſible; it is generally equable, ſometimes however increaſing by fits, and ſometimes diminiſhing a little. For the moſt part the whole belly is affected, at the ſame time, with ſpaſmodic pains and flatulency. The pulſe becomes ſmall, hard, frequent, quick, and often at laſt irregular and intermittent. Coldneſs of the extremities, together with a ſudden and great proſtration of ſtrength take place. The muſcular fibres of the inflamed part contract, ſo that nothing can paſs thorough; and ſometimes the *ſphincter ani* in ſuch a manner that a ſmall pipe can, with difficulty, be introduced into the *rectum*. Flatulencies in the ſtomach, ſickneſs, violent reachings, and vomiting, are frequently produced. The tongue is dry, with great thirſt, and the urine often pale, ſometimes in ſmall quantity, Symptoms and progreſs.

quantity, and discharged with difficulty. The breathing is quick, the patient bending forward, and compressing his belly, the abdominal muscles being sometimes spasmodically contracted. At last *delirium* and convulsions come on from the irritation, and the patient dies.

The inflammation frequently terminates in gangrene and mortification, in which case the pain goes off, and the patient appears to himself for a little relieved; but the pulse continues frequent, small, and often irregular, and the extremities cold: *delirium* and convulsions soon come on, and he is cut off.

If it be left to itself, this disease kills sometimes in ten or twelve hours, and almost always before the end of the third day; so that there is seldom any suppuration. But if the intestines should suppurate, the pain diminishes, and is converted rather into a sense of distention; irregular, cold fits, with the other symptoms of internal suppuration arise; and the contraction of the muscular fibres of the intestines, the great frequency of the pulse, and other symptoms, go off.

There is a greater chance of a suppuration's taking place in the colon than in the *duodenum*, *jejunum*, or *ileum*.

The abscess may break either into the cavity of the *abdomen*, or into the intestinal canal. In the first case it is generally fatal, producing a hectic fever; in the second, the *pus* is evacuated by the *anus*, sometimes at first pure, afterwards mixed with the *fæces*, gradually diminishing if the ulcer heals, and the patient is restored; or a considerable quantity of matter continues to be discharged, a hectic fever is produced, and he sinks.

At

At the beginning of the diſeaſe, after the pain has continued for a few hours, ſometimes a great ſecretion takes place in the inteſtines; the villous membrane is alſo affected with inflammation, and it is converted into a dyſentery: on the other hand, when in an inflammatory dyſentery the ſecretion is imprudently checked by aſtringents, this kind of inflammation often ariſes.

It ſhould be diſtinguiſhed from the ſtone in the kidnies or ureters, from inflammation of the kidnies, and other abdominal *viſcera*; from the pleuriſy, and other inflammations of the *thorax*; and particularly from ſpaſmodic pains in the inteſtines, and obſtruction of the paſſage through them where there is no inflammation. Diſtinctions.

It is to be cured by the immediate application of the moſt powerful means of *Reſolution*; we are therefore to bleed to the quantity of 12 or 16 ounces, notwithſtanding the ſmallneſs of the pulſe, and ſeeming weakneſs; for the pulſe becomes fuller, and the proſtration of ſtrength goes off, when the inflammation is diminiſhed; as, on the other hand, they are increaſed by ſtimulants: the bleeding is to be repeated at ſhort intervals till the pulſe becomes ſoft. Cure.

Purgatives are contra-indicated by the contraction of the inflamed part; and when they have been given, and have not purged, they have often evidently increaſed the pain, and other ſymptoms: but evacuations from the inteſtines by means of glyſters, are made with advantage, and (No. 9.) may be thrown in every two or three hours, till a ſtool is procured.

Relaxants have not ſo frequently been exhibited internally, as in other inflammations; nevertheleſs when uſed, they are of great ſervice. (Vid. No. 13. 4.)

The

The circulation is to be brought to the ſurface of the body by the warm bath, or fomentations applied to the belly: but great care is to be taken, leſt cold from the air or moiſture in coming out of the bath, or changing the fomentations, ſhould do more miſchief than the Remedy does good: theſe are alſo uſeful when the *anus* is much contracted, ſo that glyſters cannot be given.

Some degree of inflammation of the ſkin of the belly has been raiſed by cupping-glaſſes with benefit: but blyſters have not been commonly employed.

If theſe means ſhould fail of ſucceſs, opiates ſometimes cure by taking off the contraction, eſpecially when joined with relaxants.

(No. 31.) ℞ Aq. Menth. Vulg. ʒiſs
Syr. Diacod. —— ʒij ad ℥j.
Tart. Emet. —— gr. ½ ad gr. ſs.
m Fiat Hauſtus.

The food, both during the inflammation, and for ſome days after it is cured, ought to be farinaceous decoctions, or moiſt preparations of the farinaceous ſeeds, as panada, *&c.*

The Inflammation of the STOMACH.

Cauſes.

IT ariſes nearly from the ſame cauſes as that of the *Inteſtines*, excepting introſuſception, hardened *fæces* and *hernia*; and it is more liable to be produced by acrid ſubſtances.

Symptoms and progreſs.

The ſymptoms are for the moſt part the ſame in both diſeaſes, excepting the ſituation. In this caſe the pain occupies the region of the ſtomach; and even the mildeſt things thrown down increaſe it greatly, and, at the ſame time, bring on the ſickneſs

and

and vomiting: the diſeaſe is altogether more acute; and, unleſs the moſt powerful means of relief be immediately employed, proves fatal.

It is cured by the ſame method as the inflammation of the inteſtines; excepting only that we can ſeldom exhibit any internal medicines, on account of the great irritability of the ſtomach. Cure.

The Inflammation of the RECTUM.

IT is ſeldom ſo acute as that of the *Duodenum*, *Jejunum*, or *Ilium*, nor ſo apt to produce ſmallneſs of the pulſe, or coldneſs of the extremities, or to affect the ſtomach; neither is there ſuch a ſtricture as to render the inteſtine impervious, and it more frequently terminates in ſuppuration.

The cure is the ſame, except that purgatives are uſed with advantage, and laxatives ought always to be employed.

The Inflammation of the SUBSTANCE of the LIVER.

Cauſes.

IT is produced by the common cauſes of internal inflammation, and by obſtruction of the hepatic ducts, or *Ductus Communis Choledochus*, and is more common in warm climates.

It ariſes ſometimes at the beginning of a fever, as other internal inflammations. In this caſe it is preceded by the ſymptoms of the firſt ſtage, and the fever for the moſt part continues. (Vid. the Pleuriſy.)

Symptoms and progreſs.

The inflammation begins with an obtuſe pain in the region of the liver, which is often but juſt ſenſible. This pain gradually increaſes, but is never very acute, if the membranes are not affected; nor is it accompanied by any great degree of general inflammation. The pulſe, therefore, at the beginning is not at all altered, when the patient is free from fever; and frequently but very little till the time of ſuppuration. The ſwelling when large, or when the convex part is affected, is viſible externally, and occaſions a difficulty of breathing, with a cough, but ſeldom any conſiderable ſpitting: when the concave part is inflamed, if near the ſtomach, it brings on ſickneſs, thirſt, hiccup, vomiting; or if near any conſiſiderable hepatic duct, or the *ductus communis choledochus*, it prevents the paſſage of the bile into the *duodenum*, and a jaundice takes place. But in all other caſes of inflammation of the liver, the quantity of bile thrown into the *duodenum* is increaſed, and the evacuations become bilious.

Terminations.

All the terminations of inflammation may poſſibly happen in this diſtemper; but by much the moſt common

mon is ſuppuration, which is attended by the ordinary ſigns of internal ones, together with a fluctuation, which is ſometimes to be felt when any part of the liver, immediately under the integuments, is affected: the preceding ſymptoms of the diſeaſe at the ſame time diminiſh, or go off entirely.

When the abſceſs is conſiderable, a ſufficient quantity of matter is abſorbed to produce a hectic fever.

The *pus* opens to itſelf a way (1) into the inteſtines, by deſtroying the coats of an hepatic-duct, or a part of the *duodenum*, or (2) into the cavity of the belly, or (3), if the liver adheres to the *peritonæum*, through the integuments of the *abdomen*.

(1) In the firſt caſe, ſeveral purulent, or ichorous ſtools, are immediately brought on, and the matter afterwards continues to come away with the *fæces*.

(2) In the ſecond, the ſenſe of weight, and the ſwelling (if any there were) diminiſh, or go entirely off; the inteſtines are ulcerated; pains in the belly, and dropſical ſymptoms come on, and, together with the hectic fever, kill the patient. When the *pus* is contained in the *abdomen*, it ſometimes gets through the external integuments, particularly at the rings of the muſcles.

(3) In the laſt caſe, there is an ulcer opening externally.

In whatever way the *pus* is evacuated, unleſs the patient is aſſiſted by medicine, a hectic fever is produced, and he dies.

Sometimes after inflammations of the liver, and other internal parts, on opening the body, collections of water, without any appearance of *pus*, have been found.

It ſhould be diſtinguiſhed from inflammation of the Diſtinctions.

the *pleura*, diaphragm, muſcles of the *abdomen*, and ſpaſmodic pain.

Cure. The cure is performed by bleeding, bliſters, relaxants, *&c.* as in other internal inflammations; but the ſymptoms at the beginning not alarming the patient, it is often too late before the remedies are employed; and from the ſlightneſs of the general inflammation, evacuations having leſs effect, this diſeaſe frequently terminates in ſuppuration, which, however, is to be avoided, if poſſible.

For this purpoſe we are to bleed to twelve or fourteen ounces any time before the fifth day; eſpecially if there be general inflammation: and the bleeding is to be repeated, if the general inflammation continues, or the patient is relieved but not cured.

If there be a free paſſage for the bile into the *duodenum*, purgatives are alſo to be given. (Vid. No. 21.)

In other caſes relaxants (vid. No. 13. 4.) and bliſters applied to the part, are principally to be depended on, and in all are uſeful.

If it be too late for the application of theſe remedies, or if they fail, and a ſuppuration takes place; as ſoon as we know this from the ſymptoms, (No. 11.) is to be taken four or five times a day, increaſing the quantity of the bark, ſo that the patient ſhall take from three drachms to half an ounce every 24 hours.

If the abſceſs points externally, we are to open it as ſoon as poſſible; provided it appears from the immobility of the ſwelling that the liver adheres to the *peritonæum*; and the doſe of the bark is to be increaſed to ʒi ad ʒ ij, every 24 hours, 'till a good ſuppuration and granulation comes on. The medicine is to be uſed in the ſame manner, if from the purulent or

ichorous ſtools we judge that the abſceſs has broke into the *duodenum*.

Mercury has been given with the ſame intention, in as great quantity as could be taken without ſalivating the patient: but the bark appears to me to be preferable.

When any abſceſs breaks into the cavity of the *abdomen*, the ſame Means may be uſed, but the diſeaſe is commonly fatal.

The Inflammation of the MEMBRANES of the LIVER.

IT ariſes from the ſame cauſes as inflammation of the ſubſtance, but the ſymptoms differ as follows; the pain is more acute, it is attended with *inflammatory diatheſis*, reſembles more a pleuriſy of the right ſide when the convex part is affected, and is to be treated nearly in the ſame manner as that diſeaſe.

The Inflammation of the CELLULAR MEMBRANE, lying under the PSOAS MUSCLE.

Cauſes.

IT is produced by the common cauſes of internal inflammation, and alſo by ſtrains and bruiſes.

Symptoms and progreſs.

It agrees very much, excepting for the ſituation, in its ſymptoms, progreſs, and termination, with the inflammation of the liver; *i. e.* the pain is ſituated in the back, for the moſt part rather lower than the region of the kidnies: both it, and the other ſymptoms of the inflammation are ſlight, and ſeldom attended with any degree of general inflammation: the diſeaſe commonly terminates in ſuppuration, notwithſtanding which, the pain ſometimes continues, falling gradually lower: in other reſpects the uſual ſymptoms of internal ſuppuration ariſe, ſuch as irregular coldneſs, hectic fever, *&c.*

The *pus* makes its way through the *cellular membrane*, ſometimes into the cavity of the *abdomen*, when it is fatal, (vid. inflammation of the liver); ſometimes externally in the thigh, a little on the outſide of the lymphatic glands in the groin; ſometimes it appears in the loins; or diſſects along the attachments of the abdominal muſcles to the ſpine of the *ileum*, and forms a *tumor*, with fluctuation in the hip; or it paſſes down into the *pelvis*, and gets to the *perinæum*, or reſembles the *hæmorrhoides*; often producing *caries* in the bones of theſe different parts, and pain on moving, or inability of motion in the muſcles.

When

When the tumour and fluctuation appear, the matter may be commonly forced back by preſſure; and when the abſceſs is opened, a large quantity of it runs out; it is likewiſe afterwards preſſed out by moving the muſcles of the parts affected.

It ſhould be diſtinguiſhed from inflammation and ſtone in the kidnies or *ureters*, *buboes*, *hæmorrhoides*, and inflammation and ſuppuration of thoſe parts where the *pus* in this diſeaſe makes its appearance externally. Diſtinctions.

It is to be treated in the ſame manner as inflammation of the liver, (except for the ſituation), both in the ſtate of inflammation and ſuppuration. Cure.

The Inflammation of the SUBSTANCE, and external COAT of the KIDNEY.

THIS diſeaſe is not common, as a determination of fluids to the kidnies, occaſions an increaſed ſecretion of urine, ſometimes mixed with blood, which prevents the inflammation.

Cauſes. It ariſes from the common cauſes of internal inflammations, or from external injury.

A ſtone in the kidney produces inflammation, but moſt commonly of the internal membrane and *tubuli uriniferi*.

Symptoms and progreſs. The inflammation begins with a pain in the region of the kidney, (*i. e.* in the back, near the articulation of the ſhort ribs, higher up on the left ſide than on the right) often ſhooting down by the *ureter* to the bladder, and by the ſpermatic chord to the teſticle. The urine is pale, its evacuation frequent, and in ſmall quantities at a time, performed with difficulty, and with a ſenſe of heat and pain: there is ſometimes external redneſs. The leg of the ſide affected is ſeized with *ſtupor*; and the pain is increaſed upon ſtanding, walking, coughing, lying on the oppoſite ſide, or in any other caſe where the kidney is moved, or the ſurrounding parts extended. The pulſe is hard and frequent, and as the pain increaſes, often becomes ſmall, quick, and ſometimes intermittent, with coldneſs of the extremities, cold ſweats, ſickneſs, vomiting, fainting, *delirium*, convulſions, *&c.* as in the inflammation of the inteſtines, although not in ſo great a degree, nor ariſing ſo ſoon in the diſeaſe.

It admits of a natural cure, *viz.* the urine grows higher coloured, is ſecreted in greater quantity, and at laſt is copious, thick, and mix'd with mucus, relieving, and gradually diminiſhing the pain and other ſymptoms, till the patient's health is reſtored.

It may alſo go off by *metaſtaſis*, &c. as other internal inflammations: or it may terminate in gangrene and mortification, which, in the interior parts of the body, are almoſt conſtantly fatal, and nearly with the ſame ſymptoms, (vide the Pleuriſy.) In this caſe there is likewiſe an alteration of the colour of the urine, accompanied with *fœtor*; or the inflammation may go off, and leave a *ſcirrhus*, which is known from the patient's being relieved, although the natural cure has not taken place, nor any ſymptom of ſuppuration appeared; from a ſenſible hardneſs ſometimes continuing in the part; a *ſtupor* in the lower extremities on the ſide affected; and a diminution of the ſecretion of urine.

Or the kidney may ſuppurate, which is indicated by the common ſymptoms of internal ſuppuration.

It is to be remarked, that, although inflammations often ſuppurate on the fourth day, yet if any natural, or artificial method of cure be applied, the ſuppuration is retarded, but nevertheleſs if the remedy ſhould not be ſufficiently powerful, comes on at laſt, ſometimes ſo late as the fourteenth.

The abſceſs breaks (1) into the *pelvis*; (2) into the cavity of the *abdomen*; (3) or laſtly externally.

(1) In the firſt caſe, the ſenſe of weight, and diſtention of the kidney (if any there were) goes off ſuddenly, and, at the ſame time, the urine is mixed with *pus*, which ſubſides to the bottom in a great quantity upon the breaking of the abſceſs, but afterwards in leſs.

If

If the matter is white, thick, and not fœtid, the ulcer ſometimes heals; otherwiſe a hectic fever comes on, and the patient is cut off; or laſtly, the ulcer may continue a long time, without proving fatal.

The ulcer generally heals ſoon, or not at all.

(2) If it break into the cavity of the *abdomen*, it kills. (Vide the Inflammation of the Liver.)

(3) If it open externally, the urine comes away with the *pus*, and an ulcer is formed of very difficult cure.

Diſtinctions. Inflammation of the kidney ſhould be diſtinguiſhed from a ſtone obſtructing the ureter, from inflammation of the *Pſoas Muſcle*, and other adjacent parts, and from inflammation and ſpaſmodic, or other pains in the inteſtines.

Cure. The cure is to be performed by the medicines commonly uſed in internal inflammations; to which may be added the following.

(1) Gentle diuretics,

(No. 32.) ℞ Sem. Lin. ʒſs
Sem. Petroſel. ʒſs
Aq. Font. Bullient. ℔j.
Infundantur ſimul per Hor. ſs. et cola.
Collatur. adde.
Succ. Limonum et Sach. Alb. q. ſ. ad gratam Acedinem Dulcedinemque. Bibat Poculum frequenter.

A moderately warm *ſemicupium* may alſo be uſed to promote the ſecretion of urine.

(2) Mild laxatives and glyſters. (Vide No. 8, 9.)

(3) If there ſhould be any external ſymptoms, fomentations and poultices may be uſed. (Vide No. 23.)

Lying

Lying on the back, as it prevents the paſſage of the urine into the bladder, is to be avoided.

If the kidney ſhould ſuppurate, the treatment is to be nearly the ſame as in ſuppurations of the liver, (vid. Inflammation of the Liver.) And the patient is alſo to take infuſion of linſeed, or decoction of althæa root for his common drink, after the abſceſs is broke, in order to dilute the urine, and prevent it from ſtimulating the ſurface of the ulcer, which would hinder the cure.

Some have propoſed the exhibition of the balſams of trees, to promote the granulation; but the bark appears to me to be preferable.

The management of the food, *&c.* in theſe ſuppurations, is to be the ſame as in the pulmonary conſumption.

The

The Inflammation of the BLADDER.

THE inflammation of the exterior coats of the bladder differs from the abraſion, exulceration, or inflammation of the internal, or mucous membrane.

Cauſes. It is produced by the cauſes of internal inflammation; by the rubbing, or preſſure of a ſtone; external hurts; and by ſtrictures in the urethra.

The neck of the bladder is thicker than any other part, and more expoſed to injury from the ſtone and bruiſes.

The ſtone in the bladder more commonly produces an inflammation, or abraſion of the mucous membrane than this diſeaſe.

Symptoms and Progreſs. The inflammation begins with a violent pain in the region of the bladder, *i. e.* in the *perinæum*, or in the belly, immediately above the *pubes*, deep ſeated, and ſometimes attended by a redneſs in theſe parts. If the neck be the part affected, there is a retention of urine, together with a conſtant *ſtimulus* to its evacuation; if the bottom be the part diſeaſed, there is a continual dribbling, with great efforts to to throw out a larger quantity at a time, which the patient conceives to be contained in the bladder. Theſe ſymptoms are accompanied with frequent attempts to expel the *fæces* with which the *rectum* appears to the patient to be always loaded; theſe increaſe the pain very much, particularly when any *fæces* are actually contained, and eſpecially if they are hard. The pulſe is frequent and hard, the extremities become cold, there is immenſe anxiety and reſtleſſneſs, with ſickneſs, vomiting, delirium, and the other ſymptoms of irritation, as in the inflammation of

the

the inteſtines, and the patient for the moſt part is cut off in a ſhort time.

It alſo frequently terminates in gangrene and mortification; the pain goes off, but the other ſymptoms continue, and the patient dies ſoon after.

Or it may be carried off by an increaſed ſecretion of *mucus* from the internal membrane, gradually relieving the ſymptoms; or by a *metaſtaſis*.

Or if the diſeaſe ſhould not be ſo violent, eſpecially when the neck of the bladder is the part affected, it may proceed to ſuppuration, moſt of the ſymptoms going off; uncertain rigors and coldneſs taking place; and a difficulty in making water, or a total retention of it, with a conſtant irritation to its evacuation, or a *teneſmus*, with a ſenſe of weight, (as the abſceſs occupies the neck or *fundus*) remaining till the *pus* is evacuated.

The matter may make its way into the bladder, and come away with the urine, leaving an ulcer there; or into the cellular membrane, and from thence externally by the *perinæum*, after deſtroying the circumjacent parts in its paſſage, and producing a *ſinous* ulcer; or it may get through the *peritonæum* into the *abdomen*, when it generally brings on fatal ſymptoms. The ulcers in the bladder and *perinæum*, are of difficult cure.

It ſhould be diſtinguiſhed from inflammations of the circumjacent parts, and from retention of urine produced by other cauſes. Diſtinctions.

It is to be cured by the common means of *Reſolution* in internal inflammations; as bleeding, relaxants, *&c.* Cure.

Theſe are to be employed immediately on the appearance of the diſeaſe, and proſecuted with vigor, or it will ſoon be fatal. There ſhould be added gentle laxatives,

laxatives, or glyſters to keep the belly open, eſpecially the firſt; as glyſters by preſſing on the bladder, when a part near the *rectum* is inflamed, may be detrimental, and ſhould therefore only be uſed when there are indurated *fæces*.

(No. 9.), but in ſmaller quantity, is proper in this caſe; otherwiſe (No. 8.) may be exhibited twice a day, or oftener, as there may be occaſion.

If there ſhould be external ſymptoms, fomentations and poultices are to be applied; taking care that they do no hurt by their preſſure, and that the cloths or herbs be not too moiſt, leſt the water ſhould run upon the linen and bed cloaths.

(No. 33.) ℞ Flor. Cham. Manip. ij.
Folior Rut. vel. Matricar. Manip. j.
Capit. Papaver. Alb. ſem. dempt. ℥j.
Rad. Alth. recent. ℥j.
Optimè contundantur et coquantur in Aq. Font. q. ſ. per Minut. v. Decocto utatur pro fotu, et Herb. Coct. pro cataplaſmate, addend. unguent. ſimpl. ℥ij.

If there ſhould be no external ſymptoms, the ſkin of the belly, and *perinæum*, is to be rubbed with (No. 22.) which is preferable to bliſters, on account of the inconvenience of their application.

The drink ſhould be mucilaginous decoctions; and, if the urine be retained from a ſtricture in the neck of the bladder, only in ſmall quantities.

In this caſe too, it is neceſſary to evacuate the urine by art, to avoid gangrene and mortification; but this ſhould be done with great caution.

If

If notwithſtanding the uſe of theſe remedies, and after ſufficient evacuation, a ſpaſmodic contraction, and pain ſhould continue; opiates, as in inflammations of the inteſtines, may ſometimes be uſeful.

If the bladder ſuppurate, the *pus* is to be evacuated as ſoon as poſſible, and the remedies already recommended in ulcers of the kidnies, are to be employed.

The

The Inflammation of the Womb.

Cauſes.

IT ariſes from the common cauſes of internal inflammations, tearing, bruiſes, external *ſtimuli*, and obſtructions of the *menſtrua*, or *lochia*.

It happens frequently after abortions, and child-birth, eſpecially when the *lochia* are prevented from coming on, or are ſtopt by cold, or any other cauſe; and is then attended with ſymptoms different from thoſe which appear when an *uterus*, not lately impregnated, is inflamed.

Symptoms and progreſs.

In the firſt caſe, there is a pain at the bottom of the belly, more diſtended, and for the moſt part, neither throbbing, nor conſtantly very acute; the pulſe is frequent, eſpecially after child-birth, often ſmall, ſometimes irregular, and in ſtrong habits, and after early abortions, hard; the patient is affected with *delirium*, *ſubſultus tendinum*, and the other ſymptoms of irritation; the womb gangrenes, and mortifies, and the patient ſinks. In the ſecond, the pain is more conſtant, bounded, and throbbing, the pulſe hard, full, and ſtrong, with the other ſymptoms of general inflammation; or, if the diſeaſe riſes to a greater height, it is ſmall, and very frequent, with the other ſymptoms of irritation; ſuppuration is alſo more liable to happen. In both caſes, as different parts of the womb are affected, there is ſtranguary; or ſuppreſſion of urine; or *teneſmus*, and pain in going to ſtool; or pain in moving the lower extremities; or ſwelling and heat, which may be felt upon introducing the finger into the *vagina*, the *os tincæ* being ſhut: univerſal reſtleſſneſs, thick urine, and pain from external preſſure, take place; and, if it ſhould happen in an impregnated *uterus*, an abortion follows.

It

It may be naturally cured by the *menſtrua*, or *lochia*, breaking out plentifully; or after child-birth, or abortion, by the patient's falling into a conſtant, equal, gentle, long-continued ſweat. Or it may terminate in gangrene and mortification, with the uſual ſymptoms of internal ones, and kill.

Or it may ſuppurate, with the common ſymptoms, and the abſceſs formed, may break into the cavity of the *uterus*, bladder, or *rectum*, or externally by the *perinæum*, or into the cavity of the *abdomen*.

In this laſt caſe it is fatal, and in the others, leaves ulcers difficult of cure.

Or it may be cured by *metaſtaſis*.

Or it may leave a *ſcirrhus* behind.

Cure. Inflammation of the womb in delicate, or weak women, after child-birth, where there is no hardneſs, but great frequency of the pulſe, is for the moſt part fatal. The only remedies we can employ in this caſe, are the keeping the patient in bed, moderately warm, exciting if poſſible a gentle, conſtant ſweat, by *farinaceous* decoctions in ſmall quantities at a time, but frequently repeated; and applying antiſpaſmodic fomentations, and poultices, as (No. 33.) to the lower region of the belly, and external parts of generation. Bleeding increaſes the weakneſs without diminiſhing the inflammation; relaxants produce great ſweating or purging, without relief; and all very conſiderable evacuations are hurtful. The belly not having hitherto been rubbed with ſtimulants and antiſpaſmodics, it is worth while to try them, and (No. 22.) may be uſed: but bliſters, beſides the inconveniency of their application, are apt to render the pulſe more frequent. In abortions, and labours, where the patient has not been ſo much weakened, when the pulſe is hard and not very fre-

quent, it is uſeful to take away blood, but this evacuation cannot in general be often repeated with advantage; and therefore the cure is afterwards to be committed to relaxants (No. 4.), and antiſpaſmodic fomentations and poultices (No. 33), taking care that the firſt produce no purging, and keeping the patient in bed, moderately warm. When the *lochia* have ſtopped, ſtimulating *emenagogues* have ſometimes been uſed, in many caſes, with manifeſt diſadvantage, and ſeldom with good effect.

If the pain continue in theſe caſes, notwithſtanding the above treatment, opiates may ſometimes be given with ſucceſs, as in inflammations of the inteſtines.

When the inflammation attacks a womb not lately impregnated, the common remedies uſed in internal inflammations are to be employed, according as the diſeaſe is attended with *Inflammatory Diatheſis*, or the ſymptoms of irritation.

We are always to guard againſt preſſure on the part affected, whether that preſſure be external, or ariſe from urine contained in the bladder, or from *fæces* in the *rectum*: in the ſecond of theſe caſes this may be done by the catheter; and in the third by glyſters, which after labours, where the patient is weak, ſhould conſiſt almoſt ſolely of watery fluids.

The food, when the patient is much reduced after labour, muſt be animal broths; otherwiſe *farinaceous* decoctions.

If the *uterus* ſhould ſuppurate, we are to endeavour to procure an exit to the *pus* as ſoon as poſſible; which however can hardly be done, except when it points in the *perinæum*, where poultices of bread, milk and oil, are in this caſe to be applied; and as

ſoon

ſoon as any fluctuation is felt, the abſceſs is to be opened.

N. B. *Inflammations alſo ſometimes ariſe in the other abdominal* viſcera; *but being attended with ſymptoms ſimilar to thoſe already treated of, excepting for the ſituation, requiring a ſimilar treatment, and happening but ſeldom, they are not here enumerated.*

THE INFLAMMATIONS OF THE MUCOUS MEMBRANE.

THE

INFLAMMATIONS

OF THE

MUCOUS MEMBRANE.

The CATARRH.

IT is an inflammation of, or greater ſecretion from, the mucous membrane of the noſe, eyes, throat, mouth, or lungs, and properly ſhould be divided into different diſeaſes.

It ariſes generally from cold, ſometimes from the paſſions of the mind, perhaps alſo from *ſtimuli*. Cauſes.

The effects of cold, according to its different application, are various; *viz.* The effects of cold on the body.

When the ſkin is expoſed to it gradually, and not to ſuch a degree as to kill by its ſedative power, it produces a contraction of the external veſſels, an increaſe of the internal circulation and ſecretions, and checks the cutaneous perſpiration, but for the moſt part no diſeaſe enſues; on the contrary, it gives greater ſtrength to the whole habit: ſometimes however, ſcaly eruptions take place on the ſkin; troubleſome ulcers in the extremities, difficulty of breathing with cough, and a great ſecretion of mucus in the lungs, where they have been weakened by frequent, or long catarrhs, eſpecially where the cheſt is narrow; and in very irritable parts (as the ſkin in children) eryſipelatous inflammations enſue.

When the change from heat to cold is ſudden, it is often followed by rheumatiſms, catarrhs, diarrhæas, and dyſenteries; inflammations, particularly internal ones, fevers, *&c.* and frequently ſuch changes are attended with no bad conſequences.

Cold has ſometimes theſe effects, when applied for a few minutes; at other times it fails, unleſs it be continued longer.

The danger is often as great, and ſometimes even greater, when a part only of the body is cooled.

It is not the abſolute, but relative degree of cold, that brings on theſe diſeaſes; for whatever the preſent heat be, a ſudden diminution is dangerous, and more ſo when the thermometer is high; and, *cæteris paribus*, the greater the change, the greater the effect.

More people are affected by it in ſpring, and autumn, than in winter, or ſummer, on account of the greater difference, at theſe ſeaſons, of the temperature of the air, in the day and night, in places expoſed to the ſun, or in the ſhade, and in ſubſtances more or leſs compacted.

Cold may be communicated by the air, or by any ſolid, or fluid matter, or it may be generated on the ſurface of the body; but it does not act in all caſes with equal power.

The more readily any ſubſtance communicates its heat, the greater are its effects, and *e contra*. Hence cold metals, ſtones, and moiſt cloaths, eſpecially of a firm texture, *&c.* are dangerous.

The vapours ſurrounding the body, defend it from the external atmoſphere. Hence cold air in ſtreams, does more miſchief, than when at reſt.

Cold is generated,

(1) By evaporation. Hence moiſture on the ſkin, and cloaths, is extremely hurtful, and eſpecially when the water is pure; as ſome ſubſtances united with it, neutral ſalts, for example, in ſea-water, diminiſh its volatility, and conſequently its bad effects; whilſt others, as eſſential oils, ſtimulate and counteract it.

(2) By the ſolution of water in air. Hence winds that have paſſed over large continents, or high hills, having but little water chemically combined, readily diſſolve the matter of the inſenſible perſpiration and any moiſture that may be on the ſkin, and are apt to produce diſeaſes; neither are people thoroughly defended

fended from this air in houſes, eſpecially thoſe who have been much affected with rheumatic pains. Hence alſo, if water be mechanically mixed with air (which in this caſe is commonly ſaid to be moiſt), the heat of the body makes a ſolution take place immediately upon its ſurface, which again generates cold: an atmoſphere therefore containing it in this ſtate is likewiſe dangerous.

Air chemically dry, blown over any moiſt place, diſſolves the water, and becomes cold. Hence the eaſt-wind here, and ſimilar ones in other countries, are by much the coldeſt.

Air, into which water has juſt evaporated (as, for example, in a chamber of which the floor or walls are moiſt) is cooled both by the ſolution and evaporation of the water, and alſo by the ſolution of it on the ſurface of the body; and is from theſe circumſtances extremely apt to bring on a diſeaſe.

An equal expoſure to cold affects ſome perſons much more than others; and the ſame man at one time more than at another.

Thoſe of more irritable habits are more ſubject to be injured by it. Hence, if any one has been ſurrounded by warm bodies for a conſiderable time, as in hot climates in the ſummer, eſpecially when it is long, or if he has been warm in bed, or covered every where with cloaths, *&c.* diſeaſes, and thoſe of the worſt kinds, as fevers and dyſentery, are very apt to ariſe, even from ſlight applications of cold.

If the circulation be greatly increaſed in the external parts, and the cauſe of this increaſe has ceaſed, and cold be applied, it is ſeldom that a man eſcapes; and if a cold fluid, eſpecially without *ſtimulus*, be taken into the ſtomach, it has the ſame effect, as if it were applied to the ſkin. Hence drinking cold

water after being heated with exerciſe, and then continuing at reſt, or bathing under the ſame circumſtances, or any other like expoſure to cold, or going from a room heated to a great degree, into the open air, &c. is extremely dangerous.

A man runs a great riſk of catching cold, when the powers of circulation are weak; as after evacuations, when the ſtomach is empty, when the ſtrength has been reduced by diſeaſe, &c.

Thoſe unaccuſtomed to the changes in temperature of the air, and thoſe in whom cold hath already produced diſeaſes, are more liable to be affected.

Expoſure of a part of the body unaccuſtomed to cold, is very apt to do hurt.

Coldneſs acts more powerfully when joined with anxiety, fear, and the other paſſions of the mind, in which the force of the circulation is diminiſhed, or the external veſſels contracted; and alſo with putrid vapour, or air partly unfit for reſpiration.

Cold contracts the external veſſels, throws a greater quantity of blood on the internal, and obſtructs the cuticular perſpiration; but its effects are not in proportion to the contraction, or obſtruction, but to the quickneſs of the change of the circulation, the irritability of the habit, and univerſality, firmneſs, and continuance of the contraction.

We may prevent it from having any bad effect, by avoiding or counteracting it.

It may be avoided by covering the body with cloaths of a looſe texture, as flannels, callicoes, &c. and wearing them next the ſkin, where there is great danger; and by taking care not to expoſe it, in thoſe circumſtances where cold is moſt liable to affect it.

It may be counteracted,

(1) By increaſing the force of the circulation by ſtimulants, as wine, *&c.* or exerciſe. Hence, when a man is actuated by any of thoſe paſſions which increaſe the circulation, as courage, enthuſiaſm, *&c.* any degree of cold almoſt can be borne without detriment.

(2.) By ſtrengthening the ſyſtem.

(3.) By diminiſhing the irritability by opium, bark, living in a colder atmoſphere, *&c.*

(4.) By gradually accuſtoming the body to bear changes from heat to cold, which ought never to be ſuch as will bring on any diſeaſe.

Predisponent cauſes of the catarrh.

CATARRHS are apter to ariſe from cold, in the ſpring and winter, in variable and cold climates, and in variable weather; and they happen more readily to people who have narrow cheſts, or long necks, or ſuch as have formerly been affected with them, eſpecially if tubercles are left in the lungs; or to thoſe of lax habits, or whoſe parents were ſubject to this diſeaſe.

Symptoms.

Sometimes the inflammatory ſymptoms precede the increaſed ſecretion; in which caſe it has been called a *hot catarrh*. Sometimes the ſecretion of the *mucus* is increaſed at the beginning, the inflammation coming on afterwards, but ſeldom in ſo great a degree; when it is ſaid to be a *cold catarrh*.

In the firſt caſe the ſymptoms, according as the different parts are affected, are

A redneſs, heat, ſoreneſs, and ſenſe of diſtention in the eyes and eye-lids, there being at the ſame time a great ſecretion of tears, and of watery *mucus*, containing neutral ſalts, which running down the cheeks ſometimes ſtimulate and inflame them. When the

Noſe

Noſe is affected, there is a ſenſe of ſtuffing and ſwelling in the noſtrils, an alteration of the voice, and a loſs of ſmell; and if the inflammation runs high, there is ſecreted a thin *mucus* which produces heat, ſoreneſs in the noſtrils, ſneezing, and ſometimes inflammation with excoriation of the upper lip; or falling backwards into the throat, *trachea*, or lungs, it inflames them. Theſe ſymptoms are now and then attended by a ſwelling of the noſe, or of the whole face, with a degree of languor and ſtupor, and a deafneſs, ſoreneſs of the ears, and running from them. When the throat is the part diſeaſed, the tonſils, and other parts are red, ſore, and hot, accompanied with a ſecretion of watery mucus which ſtimulates, and occaſions a conſtant, troubleſome, tickling cough; ſometimes the whole mouth is ſore; there are little excoriations of the tongue, and a conſtant flow of ſaliva, with ſoreneſs of the ſalivary glands, and the lips are inflamed and excoriated. When the *larynx* or *trachea* are affected, a ſoreneſs is felt in them, attended with hoarſeneſs, and for the moſt part with a troubleſome, tickling cough. In the lungs, this diſeaſe produces a ſoreneſs, tightneſs, and ſenſe of ſtuffing in the breaſt, with difficulty of breathing, and violent cough, with which either nothing, or only a watery mucus is at firſt ſpit up, and which produces ſoreneſs under the *ſternum*, and in the ſides, and ſometimes head-ach, ſickneſs, and reaching.

Sometimes all theſe parts are affected at once, but frequently one only at firſt, the diſeaſe ſpreading from thence to the others.

It is attended with more or leſs of general inflammation, according to the ſtrength of the patient, or violence of the diſeaſe; the natural evening *paroxyſm*

of

of fever is alſo increaſed, and with it all the ſymptoms; and this together with the cough, often deprives the patient of ſleep, eſpecially in the fore-part of the night, going off in the morning with a gentle moiſture on the ſkin.

In weak or ſcorbutic habits (as they have been called) the pulſe becomes frequent, but not often hard; the appetite is loſt; and there is great increaſe of the evening *paroxyſm* of fever.

Sometimes the diſeaſe is preceded by, or accompanied with, a fever.

In the *cold catarrh*, the ſecretion of the *mucus* comes on firſt; there is therefore a running from the noſe; but the matter is not watery; but viſcid, though thin, and not very ſtimulating; or the ſame kind of *mucus* in the throat, produces a cough, by which it is thrown off, and ſometimes *nauſea*; or in the lungs a cough with ſpitting, (which is much more conſiderable after ſleeping) but no great ſoreneſs, or ſenſe of ſtuffing. Theſe are followed in a day or two by the inflammatory ſymptoms, but not in a great degree; nor is the whole ſyſtem often much affected.

There are in this diſeaſe all the varieties imaginable, from the moſt partial, to the moſt univerſal, from the ſlighteſt to the moſt violent, from the moſt inflammatory to the leaſt inflammatory, from the whole ſyſtem being not at all to its being very much affected, according to the cauſe producing the diſtemper, or the habit of the patient.

The ſymptoms already enumerated, are followed by a ſecretion of *mucus* in greater quantity, becoming viſcid, if it was not ſo at the beginning, and loſing its *ſtimulus*; and if the inflammation be great, ſometimes growing white or yellow, and being now and then tinged with blood; as this goes on, or as the

other

other ſymptoms gradually abate, the ſecretion diminiſhing, and the *mucus* returning to its natural colour and conſiſtence, till the diſeaſe is cured.

When the petient is in a cold atmoſphere, the cough is for the moſt part more troubleſome; the other ſymptoms alſo are prevented from being carried off, and the diſeaſe is prolonged; and if he is ſuddenly expoſed, a freſh exacerbation enſues, and it runs through the ſame courſe: by either of theſe it may be continued during the winter, and going off in the ſummer, recur upon the return of the cold weather, and from the ſlighteſt cauſe become habitual; and now and then the ſecretion is ſo conſiderable, that it greatly weakens, and ſometimes kills.

If the inflammation be great, it ſometimes runs deeper than the mucous membrane, and *angina* or *peripneumony* come on; and if there be *inflammatory diatheſis*, and the cough be very violent, a pleuriſy may be produced.

Or an *hemoptoe* may ariſe.

Or an excoriation, and exulceration of the lungs; and of conſequence, pulmonary conſumption may take place, eſpecially where there are tubercles.

Or it may be cured by *metaſtaſis*, eſpecially by eruptions about the mouth.

It is much apter to terminate ill, in thoſe naturally diſpoſed to be affected; and when cured it often leaves adheſions of the lungs to the *pleura* or *tubercles*.

Diſtinctions. It is to be diſtinguiſhed from *angina*, *peripneumony*, the ulcerous ſore throat, venereal, and other exulcerations in the throat, pulmonary conſumption, hooping cough, *aſthma*, and other difficulties of breathing, and inflammation of the mucous membrane preceding or accompanying the ſmall-pox or meaſles.

The cure is performed,

1ſt, By weakening the ſyſtem, by evacuation ac- Cure
cording to the general inflammation, or the ſtrength of the patient.

If therefore there ſhould be conſiderable *inflammatory diatheſis*, and eſpecially if the breaſt be the part affected, we are to bleed from ℥xii to xvi, and repeat the operation if the hardneſs of the pulſe, *&c.* continue; but if the inflammatory ſymptoms be not great, and do not affect the whole habit, it is unneceſſary; and when the patient is weak, and the ſecretion thin, and in great quantity, it is even ſometimes hurtful.

Purging alſo diminiſhes the inflammation, and may be likewiſe uſed when the ſecretion is too great.

(No. 34.) ℞ Tamarind. ℥iij.
coque in Aq. Font. ℥vj per v Minut.
colatur. adde
Sal Cathart. Glaub. ʒvj ad x.
Vel. Polychreſt. Rupell. ʒ iiij ad vj.
Mann. —— —— ℥ſs.
Tr[æ] Sen. ʒiij.
Ft. Potio Purganſ. Capt. mane ij vicibus, Intervallo Horæ ſs.

When the *Inflammatory Diatheſis* is not very conſiderable, or where it has been diminiſhed by bleeding, after the purgative in the evening an opiate may be uſed.

(No. 35.) ℞ Aq. Cinam. Ten. ℥jſs.
Aq. Cinnam. Spir. ʒiij.
Syr. Diacod. —— ℥ſs ad ℥j.
Tart. Emet. gr. — $\frac{1}{4}$ ad gr. ſs.
Ft. Hauſt. Cap[t]. H. S.

If

If the inflammatory ſypmtoms ſhould continue, or the ſecretion be ſtill too great, the purgative, and when proper, the opiate, may be repeated after a day's interval.

2dly, By taking off the inflammation when it occupies the breaſt, eſpecially if there be any acute pain, by means of bliſters applied as near to the part principally affected as poſſible; or when the throat is ſore, or there is hoarſeneſs, by uſing (No. 22.)

3dly, By promoting the ſecretion, where it is not ſufficient. (Vid. the *Peripneumony* and *Angina*.)

4thly, By giving mucilaginous medicines to cover the mucous membrane, and allay the cough.

(No. 36.) ℞ Sem. Lin. ʒſs.
Aq. Font. Bull. ʒiv.
Infund. ſimul per Hor. dein adde
Aq. Font. Bull. ʒxx.
Syr. Limon. —— ʒij.
Colaturæ bibat cyath. calid. frequenter.

(No. 37.) ℞ Aq. Puleg. ʒjſs.
Sperm. Cœt. ʒſs.
Vitell. Ov. q. ſ.
Syr. Pect ʒ iij.
Ft. Hauſt. iv^tis quâque horâ ſumend. Or (No. 25, 30.) may be uſed.

When the complaint is ſlight, theſe mucilaginous medicines are often ſufficient for the cure.

5thly, By reſtoring the circulation to the ſkin by relaxants (No. 4, 13.) which are uſeful in all caſes; and where the inflammatory ſymptoms are much diminiſhed, or have not come on, opiates are added to them with advantage.

(No. 38.). ℞ Extract. Thebaic. gr. ℥
Extr. Gent. gr. x.
Tart. Emet. gr. ij
Ft. Pill. vj. Capt. unam ter indies.

When the inflammation is great, the patient ſhould be confined to vegetable farinaceous food, and the drink ſhould be mucilaginous warm infuſions, or decoctions, acidulated; and he ought to be confined to a room moderately warm: but in lighter caſes this is not neceſſary.

Nothing contributes more to the cure, than avoiding expoſure to cold, eſpecially in thoſe circumſtances where it has the greateſt effects on the ſyſtem; and this precaution is particularly neceſſary in thoſe naturally liable to the diſeaſe, or where it hath continued long, or when there have been frequent relapſes.

If it be drawn out to a great length, and the ſecretion hath weakened the patient, ſtrengthening remedies are to be employed; and riding on horſeback, in a pure, dry air, is frequently of ſervice; but theſe are only to be practiſed when there is little or no inflammation. Reſinous pectoral medicines have ſometimes been given here alſo with ſucceſs.

THE

ERYSIPELATOUS SORE THROAT,

OR

SORE THROAT attended with ULCERS.

Predisponent Causes.

IT is more frequent in the latter part of the autumn, than at any other time of the year, and generally attacks children, and people of lax habits.

Causes.

It is often, but not always, produced by exposure to infectious vapour: when it is not, it most probably arises from cold, in habits predisposed to the disease.

Symptoms and progress.

It begins sometimes with *rigor*, and *horror*, and coldness; but these symptoms, as well as those affecting the whole system, during the progress of it, seem rather to arise from irritation, than from a regular fever. The symptoms of inflammation in the throat, are at first a fiery redness, sometimes without much swelling, sometimes with a pretty considerable, but puffy one, which does not prevent the swallowing, or breathing in any great degree, and is attended with a stiffness of the neck. This is soon followed by whitish sloughs, not rising above the surface of the membrane, and for the most part surrounded by a redness, which, according to the disease, is in all the degrees, from a very florid colour to almost a black; the sloughs change gradually to an ash colour, and sometimes to a blackish one, giving an offensive smell to the breath, spreading and running deeper till the patient is cut off. In this case, the parts on dissection have rather the appearance of rotten-

rottenneſs than of an animal putrid maſs; or the ſloughs fall off, leaving ulcers, which either fill up and ſkin over, or are covered with freſh ones; ſometimes alſo the patient recovers without any ſenſible ſeparation.

At the ſame time, if the diſeaſe be violent, the mucous membrane of the other parts of the body is affected, and ſickneſs, vomiting, and ſometimes purging, come on at the beginning; theſe generally leave the patient in about 24 hours; but if they continue, they add very much to the danger: the eyes are alſo red and watery, the membrane of the noſtrils is inflamed, a watery ſtimulating fluid runs from it, and ſometimes hæmorrhages enſue, which are often fatal if they ariſe the third or fourth day, or afterwards: there are alſo inſtances of the *vagina*'s being inflamed, and exulcerated, and of the *menſtrua* coming on, although it be not their uſual period. After a day or two, the ſkin of the extremities, and of the throat externally, is often affected with eryſipelatous inflammation, and little eruptions take place, relieving the ſickneſs; purging, and other ſymptoms, ariſing from the mucous membrane of the inteſtines being diſeaſed.

Theſe are accompanied by ſymptoms of irritation, in a greater or leſs degree according to the diſeaſe. When ſevere, it moſtly begins with *rigor* and *horror*, coldneſs followed by heat, frequency of the pulſe, reſtleſsneſs, anxiety, heavineſs of the head, and pain in the forehead. To theſe ſucceed the ſymptoms of the inflammation, moſt of the others continuing: the pulſe ſeldom becomes hard, full and ſtrong; but often exceſſively frequent and ſmall: the evening paroxyſm of fever is very conſiderable, and is often attended by *delirium*, even ſometimes the firſt night af-

ter the attack; in the morning the patient falls into a moderate ſweating, and is ſomewhat relieved, but the ſymptoms in general increaſing, he is, in many caſes, carried off on the fourth or fifth day, a remarkable obſcurity of the eyes coming on ſome hours before his death: otherwiſe the throat begins gradually to put on a better appearance, and all the ſymptoms diminiſhing, he is cured. When the diſeaſe is very ſlight, the ſyſtem is hardly affected.

Diſtinctions. It is to be diſtinguiſhed from the *catarrh*, *angina*, other exulcerations, and *aphthæ*.

Cure. As this inflammation ariſes in lax and irritable habits, and is not accompanied with general inflammation, but with the ſymptoms of irritation; evacuations, eſpecially by bleeding or purging, are not only uſeleſs, but detrimental.

It is alſo to be obſerv'd in the treatment, that for the moſt part, the ſloughs, which are a ſpecies of gangrene, appear before any medicines are applied.

At the beginning a gentle emetic may be exhibited with advantage, eſpecially if there be vomiting and purging.

(No. 39.) ℞ Infuſ. Flor. Cham. ℥iv
Tart. Emet. —— gr. ſs ad gr. j
Solution. bibat calidam, ſuperbibendo Infuſ. Flor. Cham.

The patient is alſo to be kept in bed moderately warm.

If the purging continues, it is neceſſary to check it by ſtimulants, or opiates.

The action of the veſſels is to be kept up by ſtimulants.

(No. 40.) ℞ Aq. Cinnam. ten. ℥jſs
Aq. Nuc. Moſch. ʒij
Pulv. Contr. ſimpl. gr. viij ad ℈j
Syr. Limon. —— — ʒiij
m Ft. Hauſt. tertiâ vel iv^ta quâque horâ ſumend.

And if the ulcers be ſpreading, the bark in decoction, to the quantity of an ounce, or even more, in 24 hours, has been exhibited with ſucceſs; taking care, in caſe the anxiety and reſtleſſneſs are increaſed by it, to omit it.

Wine, as old hock, may be given along with the drink, which ought to be acidulated, if it does not produce a purging.

The volatile liniment may alſo be applied externally to the throat with good effect; and bliſters have been ſometimes employed.

In the mean time the throat is to be waſhed with acid and aſtringent gargles; which may alſo be thrown in by a ſyringe, when the patient cannot uſe them himſelf.

(No. 41.) ℞ Tr^ra Roſar. ʒviij
Acid. Vitriol. gutt. x
Alumin. —— ʒſs
Tr^ra Myrrhæ ℥j
m Ft. Gargariſma. Utatur ſæpius.

The food may conſiſt of the ſubſtances marked (Fevers Ind. 1ſt. *A. a. b. c.*)

The CHOLERA MORBUS, DIARRHOEA and DYSENTERY.

Definition.

THOSE purgings, which are attended with a degree of inflammation in the inteſtines, are here to be treated of.

Cauſes.

A purging may be brought on by purgatives, acidity, or putreſcency of the ſubſtances contained in the *primæ viæ*; too great a quantity of bile; *pus*, either from an abſceſs, or ſecreted from the blood veſſels; laxity of the glands of the inteſtines; general weakneſs; the periſtaltic motion of the inteſtines going on too quickly; and no inflammation of the mucous membrane taking place, it may go off without any bad conſequences; or weaken the patient, and cut him off, without terminating in dyſentery.

Thoſe who have been rendered weak, or irritable by a hot, or long-continued ſummer, or by living in a warm climate, or in putrid vapour, are peculiarly liable to this diſeaſe.

It is produced by cold, or putrid vapour, or ariſes as a partial evacuation in fever, or from a purging from any cauſe, if it has either continued long, or happened in a habit prediſpoſed; or it begins with phlegmonous inflammation of the inteſtines.

Symptoms of the cholera morbus.

When the whole *primæ viæ* are conſiderably affected at the beginning, ſickneſs, pain, flatulency, and diſtention of the belly come on, and are accompanied by frequent vomitings and painful purging of bile, and of all the other fluids ſecreted into the inteſtines, together with the ſymptoms of irritation, *viz.* a frequent and ſometimes ſmall and unequal pulſe, heat, great anxiety and thirſt, and after ſome time cold

ſweats,

ſweats, and ſpaſmodic contractions of the extremities; the patient ſinks ſometimes in twenty-four hours, and it is called the *cholera morbus*.

If, on the other hand, the diſeaſe be very ſlight, and not attended with much inflammation, there is a copious purging of all the fluids ſecreted into the inteſtines, with little pain, ſickneſs, or even loſs of appetite, or alteration in the pulſe; and if the patient avoid freſh expoſure to the cauſes, theſe ſymptoms leave him in two or three days, the *faeces* acquiring their former conſiſtence, and the evacutions becoming leſs frequent. Symptoms of the diarrhœa.

If it be in a middle degree, and does not take place as a partial evacuation in fever, it comes on with external coldneſs, loſs of appetite, and ſometimes ſickneſs and vomiting. Theſe are attended by flatulency, frequent, copious, thin evacuation of bile, and of all the other fluids ſecreted into the inteſtines; dryneſs of the tongue and thirſt; a frequent, but not a hard and full pulſe; and there is generally at firſt but little pain. In a day or two, however, the ſtools begin to be leſs copious, become frothy, and are preceded by conſiderable pain, and no bilious matter or *faeces* are evacuated (excepting now and then), but they become ſlimy, often ſtreaked, or mixed with blood, and fœtid; and there is the appearance of fat, and often hard maſſes, and ſometimes concretions of coagulable lymph, reſembling the internal coats of the inteſtines; and it appears from diſſection, that the diſeaſe has left the upper part of them, and that it now occupies the *colon*, *reſtum*, and the end of the *ileon*. To theſe ſymptoms are added *teneſmus*, (that is, a frequent, but fruitleſs attempt to evacuation) and now and then a ſoreneſs about the *anus*, and an appearance of *pus* in the ſtools: there is alſo in ſome caſes Of the dyſentery.

ſtrangury; and in others *aphthæ*, ſpreading through the whole inteſtinal canal to the throat, eſpecially after the diſeaſe has continued ſome time.

The ſymptoms of irritation, together with the evacuation, ſometimes weaken and cut off the patient in a week or two, and that even when they were ſlight at firſt; ſometimes again, they diminiſh, and the diſeaſe runs out to a much greater length; ſwellings of the belly, dropſical ſymptoms, and thoſe commonly attending weakneſs, coming on before his death: but now and then the purging gradually goes off, and he is naturally cured.

The lower part of the *colon* and *rectum*, may alſo gangrene and mortify; in which caſe the pain is relieved, but the other ſymptoms continue and increaſe, the matter evacuated becomes blackiſh, ichorous, and exceedingly fœtid, and death ſoon follows.

Although the diſeaſe at firſt hath nearly the violence of the *cholera morbus*, it may end in a *dyſentery*, which may alſo be brought on by purgings ariſing from any cauſe, the ſtools growing frothy, and the other ſymptoms following. In the firſt caſe it is more acute, and ſoon terminates fatally; in the laſt it often runs out to a great length, and ſometimes goes off.

When a *dyſentery* comes on in the ſpring, or in cold climates, there is often a tendency to phlegmonous inflammation, and it begins with an acute pain in the belly, which is ſoon followed by a purging, and attended with hardneſs, frequency, and fullneſs of the pulſe, and the other ſymptoms of general inflammation; theſe continue for ſome days, and the diſeaſe afterwards proceeds as before.

If it takes place as a partial evacuation in fever, it is preceded by the common ſymptoms of fever, generally thoſe of a violent one, the purg-

ing coming on (as already deſcribed) on the firſt, ſecond, or third, and ſometimes on any other day, and the patient being exhauſted by both diſeaſes, is ſoon carried off. Sometimes the fever has the appearance of an intermittent, or remittent; the purging being more frequent in the remiſſions, and either ſtopping or diminiſhing in the exacerbations. Sometimes alſo the fever is relieved, and, if the patient be not exhauſted, gradually goes off.

Diarrhœas often come on in the *criſis* of fevers, the fever leaving the patient, and the *diarrhœa* ſtopping in a day or two of itſelf; and ſometimes purgings, without any dyſenteric ſymptoms, happening towards the end of fever, weaken and kill the patient.

Exulcerations have been found on diſſection in the inteſtines of thoſe who were long afflicted with the diſeaſe, but only inflammation in recent caſes.

Prevention.

In the autumn after hot or long ſummers, and in warm climates, care is to be taken to avoid cold in thoſe circumſtances in which it is moſt liable to affect the ſyſtem; and in camps, the vapour from putrid *fæces*. If there be great danger, the bark may be uſed, (vide No. 1.)

A moderate uſe of ſour fruits in warm ſummers, and hot climates, tends alſo to prevent the diſeaſe.

Cure of the cholera morbus.

In the *cholera morbus*, if the vomiting, purging, and other ſymptoms be very ſevere, chicken-broth without ſalt, decoction of barley, ſolution of gum arabic, or any other mucilaginous fluid, are to be drank plentifully, to prevent the inflammation from being increaſed by the efforts, or by the neutral ſalts in the matter ſecreted, until the patient be ſufficiently reduced to render the exhibition of opium ſafe. If they be not in ſo great a degree, a ſmall quantity of emetic tartar (gr. $\frac{1}{4}$ ad gr. ſs.) or ſome other relaxant,

laxant, may be given diſſolved in part of the liquor, and repeated in three or four hours: or if the vomiting be not very troubleſome, from 20 to 30 grains of rhubarb may be taken with advantage, the patient drinking ſome of the abovementioned liquors.

When the ſtrength is reduced by the evacuation, and the *primæ viæ* cleared of feculent matter by this treatment, the vomiting and purging are to be ſtopt by opiates, and (No. 3. 13.) may be uſed; but if the patient ſhould be ſo much weakened by the evacuation, and irritation, before any aſſiſtance is called in, as to be in danger of ſinking, they are to be exhibited immediately. In both caſes the opiate is to be repeated in a ſmaller doſe at ſix or eight hours interval, for two or three times.

Cure of the diarrhœa.

Diarrhœas, when not attended by ſickneſs, fever, irritation, or pain, and when they have not continued long, only require the *primæ viæ* to be cleared by a purgative increaſing the periſtaltic motion, ſuch as

(No. 42.) ℞ Aq. Menth. Vulg. ʒiſs
Aq. Nuc. Moſch. ʒiij
Pulv. Rhei — — ℈j ad ʒſs
Syr. e Cort. Aur. ʒij.
m Ft. Hauſtus. Capt. ante Merid. vel Hora ſomni.

The patient ſhould uſe food of eaſy digeſtion, and avoid expoſure to cold.

If they be attended with any of the above ſymptoms, or continue above two or three days, they are to be treated in the ſame manner as dyſenteries.

If in a dyſentery the pulſe be hard, full, and ſtrong, as it often is in cold climates, in the ſpring, and in ſtrong habits, we ſhould endeavour firſt of all to take off theſe inflammatory ſymptoms by bleeding, which ſometimes requires to be repeated; but where they

are

are not preſent, as they ſeldom are in autumn, in warm climates, or in irritable habits, this evacuation is uſeleſs, and frequently detrimental.

After the bleeding, where it is proper, or otherwiſe without performing that operation, the *primæ viæ* are to be cleared both of the feculent matters, and fluids ſecreted into them; theſe, as in all other caſes of increaſed ſecretion where the glands are inflamed, being very apt to ſtimulate and putrify.

When the ſtomach is much affected, an emetic is to be exhibited; and it ought to be managed in the ſame manner as has been directed in fevers, as we wiſh it here alſo to exert its relaxing power, and throw the circulation upon the ſkin.

A purgative is alſo to be given, and we ſhould chuſe thoſe which act principally by increaſing the periſtaltic motion of the inteſtines, as it is not a greater ſecretion which is required, but an evacuation of the matters already contained. Although rhubarb does not purge ſo copiouſly, yet as it clears the *primæ viæ* better, it is preferable to moſt others. We rather chuſe therefore to continue to employ it with the older phyſicians, than give it up as ſome late practitioners have done, not conſidering the above intention, nor the progreſs of the diſeaſe after its operation, but merely the copiouſneſs of the evacuation. It may be given as in (No. 42.)

While the diſeaſe continues, it is to be repeated frequently for the ſame purpoſe, and alſo to prevent any thing's being retained in the upper part of the inteſtines, where the periſtaltic motion is now going on too ſlowly.

After the operation of the purgative, we are to endeavour to throw the circulation on the exterior parts of the body by relaxants.

(No.

(No. 43.) ℞ Pulv. Ipecac. gr. ij ad gr. v.
vel ℞ Sacchar. Alb. gr. v
Tartar. Emetic. gr. ½ ad gr. ſs
Ft. Pulv.

vel ℞ Aq. Menth. Vulg. ʒiſs
Polychreſt. Rupell. ϑij ad ʒi
Aq. Nuc. Moſch. ʒij
Syr. e Cort. Aur. ʒij
m Ft. Hauſt.
Capt. iv^tis quâque horâ.

The inteſtines are at the ſame time to be defended by mucilaginous medicines, and the ſecretion checked by gentle aſtringents.

(No. 44.) ℞ Gum. Arabic. ʒij
Solv. in Aq. Hord. ℔ij
adde
Syr. Limon. —— ʒij
Bibat pro potu.

(No. 45.) ℞ Aq. Font. —— ℔ij
Corn. Cerv. Calc. et Præp. ʒij
Gum. Arab. —— —— ʒij
Coque, ut Gum. ſolvatur.
Bibat. poculum frequenter.

Mucilaginous glyſters, as (No. 27.) take off the ſtimulus ariſing from attempts to evacuation, when little or nothing is contained in the lower part of the inteſtines; which ſtimulus is ſometimes the ſole cauſe of the continuance of the diſeaſe. When injected every four or five hours, they are now and then ſufficient for the cure; and are in all caſes uſeful.

It is alſo of conſiderable uſe to avoid, as much as poſſible, any attempt to go to ſtool; and if there be ſoreneſs about the anus, it ſhould be rubbed with *unguent. ſimplex*, or any other expreſſed oil that is juſt fluid in the heat of the body. Or if the other ſymptoms are greatly diminiſhed, and this continues, an opiate may be added to the mucilage in the glyſter.

Stimulants applied externally to the belly, have been found uſeful in relieving the pain.

(No. 46.) ℞ Spt. Vin. Rectif. ℥viij
Ol. Menth. — ʒij
Sapon. Venet. ℥ſs
Solve. Ventri applicentur lintea calida, linimento hocce madefacta, ter quaterve indies.

At the ſame time the patient ſhould be kept in as pure air as poſſible, provided that it be always moderately warm, and that he be not expoſed at any time to cold, eſpecially in thoſe circumſtances in which it is moſt liable to affect the ſyſtem.

The food ought to conſiſt of preparations of farinaceous vegetable ſubſtances.

If notwithſtanding the treatment already propoſed, the purging ſhould go on, ſo that there is danger to be apprehended from the weakneſs, or irritation; aſtringents, and particularly opium, may be given along with the other medicines, and from $\frac{1}{3}$ to half a grain of it, may be taken every eight hours: but when they are employed at the beginning, eſpecially alone, they ſtop the ſecretion, but leave the inflammation, and death enſues either from the ſymptoms of irritation, or now and then from gangrene and mortification of the inteſtines.

If

If the diſeaſe ſtill continues, and the ſymptoms of irritation are not very violent, the opium is to be exhibited alone, or ſpices are to be joined to it; or other aſtringents may be employed; ſuch as,

(No. 47.) ℞ Cort. Semaraubæ ʒſs
Coque in Aq. Font. ℔i ſs ad ℔i
Colaturæ Capt. ʒij iii^tia quâque horâ.

Vel ℞ Extract. Lign. Campeach. ʒij
Ft. Pill. xx. Capt. iij vel quatuor ſextâ quâque horâ.

Or aſtringents, ſpices, and opium may be given together.

Or opiates or aſtringents may be added to the mucilaginous glyſters.

But it is to be obſerved, that it is the ſecretion we wiſh to ſtop by theſe aſtringents, and not the evacuation of the matters already contained in the inteſtines; for this reaſon the purgatives ought to be repeated, even during the uſe of the aſtringents.

In recent caſes we may expect the cure to ſucceed quickly; but in thoſe of longer continuance, a perſeverance in the proper remedies is neceſſary, eſpecially if the inteſtines ſhould be exulcerated; and then indeed the diſeaſe is frequently fatal.

A dyſentery accompanying a fever is alſo very dangerous, as either diſeaſe being cured, the other may continue, and as both together may ſoon weaken and kill. We are to endeavour to take off the fever, by the remedies already pointed out at the beginning of a violent one, and afterwards to treat the diſeaſe as a ſimple dyſentery, being more cautious in employing aſtringents.

After the purging is ſtopt, the patient often becomes coſtive, and if he be ſuffered to continue in that ſtate for two or three days, he is apt to relapſe; the belly is therefore to be opened by bitter purgatives.

After the diſeaſe is cured, the bark may be employed to reſtore the ſtrength. It is alſo ſometimes of uſe during the purging when it has continued long, and the ordinary ſymptoms of weakneſs appear.

The

The VENEREAL DISEASE.

ALTHOUGH it be not confined to the mucous membrane, yet as the principal ſymptoms at the beginning depend on inflammation or exulceration of this part of the body, it is to be treated of here.

Cauſe. It is always propagated by an infection, the firſt appearance of which in *Europe* was in *Spain*; it was afterwards carried to *Naples* in 1494, and from thence it ſpread almoſt inſtantaneouſly over *France*, *Germany*, *Great Britain*, &c.

The venereal matter muſt be applied in a fluid ſtate; 1ſt, either to ſome part of the body where the mucus is ſoft, as it is in the parts of generation, (which are generally firſt infected or about the nipples, lips, *anus*, &c. or 2dly, to a wound or ulcer; or it may paſs from a mother to a child, although commonly in this caſe, it adheres to the ſkin, in the paſſage through the *vagina*.

It almoſt always occaſions a converſion of the *mucus* of the part, or of the fluids of the ulcer or wound, into a matter ſimilar to itſelf; and when a ſufficient quantity has been thus produced, it brings on an inflammation in the mucous membrane or glands, or in the wound or ulcer, and it is afterwards ſometimes abſorbed into the general ſyſtem of veſſels, but very ſeldom before: the firſt ſymptoms therefore appear in the part where the infection was received.

Gonorrhœa. When it is mixed with the ſoft *mucus*, it produces

1ſt, An inflammation, and great ſecretion from the mucous glands, in which caſe, it is not often abſorbed

ſorbed into the general ſyſtem; and the diſeaſe is called a *gonorrhœa*.

Or 2dly, one or more little eryſipelatous inflammations, followed by ſmall watery puſtules, which break; and ulcers called chancres are formed; after which it is commonly abſorbed in two or three days, as it generally is, when a wound or ulcer are at firſt infected; this alſo happens ſometimes in a *gonorrhœa*, and always when a child receives it from its mother; and the diſtemper is called the *Lues Venerea*. Lues venerea.

The *urethra* and *vagina* are for the moſt part affected with *gonorrhœa*, and the *glans*, prepuce, *labia pudendi*, *perinæum*, *anus*, nipples, lips, *&c.* with chancres; although either may take place in any of thoſe parts.

Moſt people are infected by the venereal matter mixing with, and being retained in, the *mucus* of the *urethra* or *vagina*, or upon the *glans*, *prepuce*, or *labia pudendi*, from which it cannot be waſhed off by the urine, on account of the inſolubility of the *mucus* in water, and the ſymptoms do not appear till after 24 hours, nay ſometimes not till after three weeks from the time of receiving the infection, but moſt commonly they ariſe in four, five, or ſix days.

A *gonorrhœa* from the *urethra* in a man begins with an uneaſineſs about the parts of generation, together with an appearance of a little whitiſh matter about the orifice of the *urethra*, a little ſwelling, and ſometimes redneſs there, and a ſlight pungency upon the evacuation of urine. The whitiſh matter ſoon increaſes in quantity, the inflammation about the end of the *urethra* becomes more evident, and for the moſt part there is now a tenſion, and hardneſs through the whole of it, a ſwelling of the *lacunæ*, and a ſenſation of ſtricture in the *penis*, particularly on erection. Gonorrhœa from the urethra in men.

erection. The matter ſtill increaſes, flows out, and grows thinner, loſes its adheſiveneſs, and is of a yellow or greenish colour. There is now always a redneſs about the end of the canal, often a pain from the diſtention of the *urethra* during the evacuation of urine, and a much ſeverer one towards the orifice from its *ſtimulus*, with an increaſe of the redneſs, juſt after it is evacuated. The inflammation prevents the extenſion of the *urethra* in erection, ſo that the *penis* is at that time curved downwards with great pain, which is increaſed if it be raiſed towards the belly, and the *ſtimulus* occaſions it often to be erected, eſpecially when warm in bed, and ſometimes prevents ſleep, or awakens the patient, and now and then produces involuntary emiſſions of the *ſemen*.

Chordee.

Hæmorrhage.

Strangury.

Phymoſis.

Paraphymoſis.

Œdematous phymoſis.

Sometimes the matter is very thin, or ſtreaked with blood, all the inflammatory ſymptoms are more violent, and the patient is affected with ſtrangury. The prepuce alſo is ſometimes inflamed about the end, and cannot be drawn back, which is called *phymoſis*; or being drawn behind the *glans* cannot be returned, which is called a *paraphymoſis*, when the inflammation is increaſed by the ſtricture, and now and then gangrene and mortification are produced; or the whole of it is affected with œdematous ſwelling, alſo called *phymoſis*. In all theſe caſes ulcers are apt to ariſe, eſpecially in the two laſt.

Thus the inflammation continues to increaſe, generally for about a week or two; but it admits of a natural cure, for the *mucus* waſhes off the venereal matter faſter than it is formed, until at laſt the infection is totally carried off. While this is taking place, the ſymptoms continue nearly the ſame for ſome time; they afterwards begin gradually to decreaſe, the erections are not ſo frequent, nor with ſo much

pain,

pain, there is not ſo much inflammation, nor pain from the evacuation of urine, the matter becomes thicker, whiter, and adheſive, gradually diminiſhes in quantity, becomes irregular often towards the laſt, pieces of *mucus* having a fibrous appearance being mixed with the urine; at laſt the running ceaſes, and the inflammatory ſymptoms at the ſame time gradually decreaſing, leave the patient. Or the infection being carried off, the ſecretion continues, but in a ſmaller quantity, thicker, and whiter, and with much leſs inflammation, for months, or ſometimes for years, for the moſt part going off at laſt; or not being carried off, the ſymptoms continue, although commonly with leſs inflammation than at the beginning. Or exulcerations may be produced, the matter abſorbed, and the *lues venerea* brought on, particularly when any freſh cauſe of inflammation is applied, when the diſeaſe continues long, or the infected *mucus* is ſuffered to remain between the *glans* and prepuce. Or an abſorption may ſometimes, although ſeldom happen without exulceration, and be attended with the ſame conſequence.

A *gonorrhœa* from the *vagina* and *urethra* in women, begins with a heat, itching, and uneaſineſs about the parts of generation, followed by a redneſs about the orifice of the *urethra* extending to the mouth of the *vagina*, a running ſimilar to that already deſcribed, with pain for the moſt part upon the evacuation of urine, and alſo in ſitting when the parts are preſſed upon, and in walking, or upon the *vagina*'s being diſtended. It has otherwiſe the ſame progreſs and terminations as in men, except that the ſymptoms are ſometimes increaſed after menſtruation. But if the diſeaſe affect the *vagina* only, the inflammatory ſymptoms are often very trifling, or if they make

In women.

their appearance at the beginning, they go off, ſo that the patient is hardly ſenſible of any other inconvenience but the running.

From external parts.

A *gonorrhœa* from any of the external parts, very ſeldom happens; when it does, (as from the *glans*, for inſtance) it begins with redneſs and ſwelling, the ſurface is ſometimes covered with a whitiſh cruſt, ſimilar to *aphthæ*, and there is afterwards an ouzing of a matter like that from the *urethra*, the inflammation at firſt increaſing; the infection however is gradually waſhed off, and the progreſs and terminations are nearly the ſame as before deſcribed.

From the eyes, and noſtrils.

Gonorrhœas may alſo ariſe in the eyes, and noſtrils, with ſymptoms ſimilar to thoſe above-mentioned, except for the part affected.

Strictures.

When a *gonorrhœa* continues long, it ſometimes produces a ſtricture in the part, particularly in the *urethra* in men, ſo as to occaſion a difficulty in the evacuation of urine, often attended with great pain, the water flowing out in a ſmall ſtream, or only by drops; and now and then it alſo produces a degree of inflammation, and a diſpoſition to contraction in the bladder, and the *urethra* alſo contracting, the ſtoppage is increaſed: this generally goes off with a ſecretion of *mucus* from theſe parts, but it may have the other progreſſes and terminations of an inflammation of the bladder; and often no ſuch affection takes place, or if it does, it goes off, and the ſtoppage and pain continue for years.

In the urethra in men.

In the urethra in women, and vagina, and the prepuce.

A ſimilar ſtricture takes place in the *urethra* in women, but not near ſo frequently, and alſo in the *vagina* preventing its diſtention; it happens likewiſe in the end of the prepuce in men, which it prevents from being drawn back after all the other ſymptoms are gone off.

The

The neighbouring parts, particularly the teſticles, glands in the groin, and ſometimes the *perinæum*, are alſo ſubject to phlegmonous inflammation from ſlight *ſtimuli*, ſuch as motion in exerciſe, preſſure, *&c.* Phlegmonous inflammation.

The teſticle inflames with the common ſymptoms of ſwelling, pain, heat, hardneſs, redneſs, *&c.* the running for the moſt part at the ſame time diminiſhing or ceaſing. Inflammation in the teſticles.

The progreſs to ſuppuration, gangrene and mortification, and *ſcirrhus*, is alſo the ſame as in other inflammations of theſe glands; and it admits of a natural cure, for the running may begin to increaſe again, the pain, ſwelling *&c.* to decreaſe, and at length they may leave the patient, the ſwelling and hardneſs often continuing for a conſiderable time.

The lymphatic glands in the groin likewiſe ſometimes inflame, even when there is no abſorption of the matter; but this caſe can only be diſtinguiſhed from thoſe where there is, by the event, which is not to be waited for. Buboes without infection.

The inflammation of the *perinæum* is attended with the common ſymptoms of that diſeaſe. Inflammation of the perinæum.

The venereal *gonorrhœa* ſhould be diſtinguiſhed from that in which there is no infection; from the *fluor albus*, and other increaſed ſecretions from the different parts ſubject to this diſtemper; from involuntary emiſſions of the *ſemen*; ulcers in the urinary paſſages; and increaſed ſecretions from their mucous *membrane*, from a ſtone, or any other cauſe. Diſtinctions.

When the *lues venerea* begins with a chancre, there is at firſt a little eryſipelatous inflammation, with itching on the *glans*, prepuce, *labia pudendi*, &c. followed by one or more ſmall puſtules, filled with a tranſparent fluid, becoming ſometimes white; theſe break, and a ſmall, but ſpreading ulcer is formed, Symptoms of the lues venerea. Chancres.

times painful, generally inflamed, sore, and unequal at the bottom, often with hard, protuberant, ash-coloured edges, covered with whitish sloughs, and of difficult cure.

They should be distinguished from little excoriations or ulcers produced, either by rubbing the parts, or by the matter which sometimes is accumulated about them, when they are not kept clean; or by the *fluor albus* on the *labia pudendi* or thighs in women, or on the *glans* and prepuce in men; these, when they arise from coition, appear immediately, and are of easy cure, or go off of themselves in a few days.

Ulcer in the urethra.

If the disease begins with an ulcer in the *urethra*, without *gonorrhœa*, which it very seldom does, there is a soreness, and disposition to the evacuation of urine, with pain on its being evacuated, and an oozing of a small quantity of a thin, watery fluid; and sometimes a *gonorrhœa* follows.

Venereal ulcers.

If an ulcer or wound are infected, they inflame, and spread with soreness, or pain, and inequality of their surface; they are often covered with whitish sloughs, and have ash-coloured edges.

First symptoms in children.

If children receive the infection from their mothers, they now and then are born with symptoms of the disease, as inflammations of the skin, *gonorrhœa*, &c. but for the most part there is no appearance for several days; in about a week however, eruptions, with brownish scabs degenerating into ulcers, arise about the angles of the mouth, or other parts of the head, or over the whole body.

Absorption in gonorrhœas.

It is not certainly known, if there be at any time an absorption in a *gonorrhœa* without exulceration; but sometimes in long-continued ones the infectious

matter

matter gets into the ſyſtem, perhaps from an ulcer in the *urethra*.

From the ulcers, wherever they are, the matter is abſorbed by the lymphatics, and ſometimes as it paſſes along inflames them, and there is a redneſs, hardneſs, and foreneſs in their courſe to the firſt lymphatic glands; often however there is no appearance of this kind. Inflammation of the lymphatics.

Whether there be or not, an inflammation of the firſt glands they paſs through, called a *bubo*, is often produced, which, as the parts of generation are moſt commonly firſt infected, is generally in the groin; it begins with foreneſs to the touch, hardneſs and ſwelling of the glands; theſe ſymptoms increaſe, and are attended with pain, eſpecially on moving, redneſs of the ſkin, and the other ſymptoms common to inflammation. It ſometimes terminates quickly in ſuppuration, ſometimes, like other inflammations of glands, it ſuppurates very ſlowly, ſometimes terminates in ſcirrhoſity, very ſeldom in gangrene. If it ſuppurates, when the abſceſs formed from it breaks, or is opened, the ulcer is generally venereal, I believe always ſo. The ulcer is ſometimes dangerous from its diſpoſition to ſpread and form ſinuſes, and from its vicinity to large veſſels; and it is often cured with difficulty. Bubo.

It ſhould be diſtinguiſhed from other inflammations of theſe glands brought on by external *ſtimuli*, as rubbing, *&c.* or by ſtimulating fluids, as *pus*, cancerous matter, *&c.* paſſing through them; and from an abſceſs following inflammations of the cellular membrane below the *pſoas* muſcle, and from ruptures.

Whether a *bubo* ariſes or not, the matter continues its courſe through the lymphatics into the blood veſſels. Symptoms of the matter in the ſyſtem.

When the venereal matter gets into the ſyſtem, it generally produces inflammations and ulcers in ſome part of the body, moſt commonly in the mucous membrane, or ſkin; but ſometimes it may continue for many years, before it has any effect; now and then it never makes its appearance; and for the moſt part it has been abſorbed for ſome time before any ſymptoms take place.

If it be ſecreted in the glands of the mouth or throat, it inflames the membrane and occaſions ulcers, attended with the common ſymptoms of ulceration in thoſe parts, ſuch as hoarſeneſs, pain, and difficulty in ſwallowing, *&c.* and ſimilar to the other venereal ones already deſcribed; theſe ulcers ſpreading, the bones become carious, and openings are made from the mouth to the noſe, the palate being deſtroyed; and the noſe itſelf ſinks, its cartilages and and bones alſo being eat away.

If ſecreted on the ſkin, it produces reddiſh, or purpliſh ſpots; or an eruption covered with brownish ſcabs, often degenerating into venereal ulcers, which, if they happen in the palms of the hands, ſoles of the feet, or about the *anus*, have often the appearance of fiſſures in the ſcarf ſkin, ouzing out a thin matter with great ſoreneſs and pain.

If ſecreted in the eyes, inflammation and exulceration ariſe there, with loſs of ſight; if in the ears, the like inflammatory ſymptoms are brought on, (although ſeldomer) with deafneſs and *caries* of their bones.

Although the parts of generation were not the firſt parts infected, the diſtemper ſometimes appears there and about the *anus*, but not always.

Ulcers of the lungs are now and then the conſequence,

quence, and pulmonary conſumption. Sometimes too there is ſwelling of the lymphatics, and other glands.

Or it affects the *perioſteum* and bones, and brings on pains in them; eſpecially on the body's being heated, and during the natural evening paroxyſm of fever which they render more evident, going off with it in the morning with ſweat; the *perioſteum* ſwells, and becomes hard, with an appearance of ſwelling in the bones, and ſometimes they do ſwell, at others become ſoft or carious.

Sometimes before the matter gets into the ſyſtem, or at any other time of the diſeaſe, excreſcences ariſe on the *glans*, prepuce, *labia pudendi*, *anus*, &c. either where there have been ulcers, or without any previous exulceration; they are of various figures, are called warts, or by other names, and are generally red and ſoft, ſometimes hard and callous, ſeldom painful.

Various other anomalous ſymptoms are alſo brought on by the infection or irritation; but theſe, if the diſtemper is not cured, are at leaſt for the moſt part prevented, from the general knowledge and uſe of mercury, and are not ſo often ſeen now, although the infection has loſt none of its virulence, as has been ſuppoſed.

There are habits which will bear up againſt the diſeaſe for many years; whilſt, in others, the appetite is loſt, the pulſe rendered more frequent, the evening paroxyſm of fever increaſed and continued through the day time, dropſical ſwellings of the legs, ſwelling of the *abdomen*, and other ſymptoms of weakneſs and irritation come on, and the patient ſinks.

Vene-

Diſtinctions. Venereal ulcers, eruptions, pains, &c. ſhould be diſtinguiſhed, from thoſe ariſing from other cauſes.

Prevention. When the infection is communicated by the matter's being mixed with the mucus of the *urethra*, *vagina*, *glans*, prepuce, &c. if no running, ulcer, or puſtle have as yet appeared, it may be waſhed off, and the diſeaſe for the moſt part prevented by

(No. 48.) ℞ Cauſtic. Com. Fort. Pharm. Lond. ʒj
Solv. in Aq. Font. —— ℔j
et cola per Chartam.

Some of the above ſolution is to be mixed, by a little at a time, with a cup full of water, till it be ſtrong enough to waſh the *mucus* from the mouth without giving much pain. Fill a ſyringe with this liquor, and inject it into the *urethra*, or *vagina*, retaining it there for about a minute; then add to the remainder of the liquor a tea-ſpoonful of the ſolution, and waſh the *glans*, prepuce, *labia pudendi*, &c. laſtly inject, and waſh with a little pure water, milk-warm.

Cure of the gonorrhœa. The *Gonorrhœa* may be cured,

1ſt, By aſſiſting the natural cure.

2dly, By injections.

3dly, By mercury alone. Or the ſucceſs of the two firſt methods may be enſured by it.

The natural cure is aſſiſted,

1ſt, By diminiſhing the inflammation by bleeding, if the patient be ſtrong or plethoric, the pulſe full and hard, and the chordee frequent and painful; from ʒxij to ʒxx of blood may be taken away, but the operation ſeldom requires to be repeated, and the frequency and pain of erection are the only ſymptoms we can hope to relieve by it, and that too

in

in the cases now described, for in others (the inflammation being kept up by the *ſtimulus* of the matter and the urine) it has no effect, or is detrimental, eſpecially if the habit be irritable.

2dly, By drinking plentifully of mucilaginous watery fluids abidulated (as No. 30. without the Sem. Petroſel.) to dilute the urine, and prevent its neutral ſalts from ſtimulating and increaſing the inflammation.

3dly, By the application of emollient fomentations, and poultices.

4thly, By injecting oily or mucilaginous fluids into the *urethra* or *vagina*, and by rubbing them on the *glans*, prepuce, *labia pudendi*, &c. as

(No. 49.) ℞ Sev. Ovil. Curat. ℥i
Ol. Olivar —— ℥ii m
Liqueſcant leni calore, tempore utendi.

5thly, By increaſing the ſecretion a little by ſuch gentle purgatives, as procure only two or three evacuations a day. Severe purging often augments the inflammatory ſymptoms, brings on ſtrangury and exulcerations, gives occaſion to inflammation of the teſticles, and other neighbouring parts; or it ſtops the running before the infection is waſhed off, and the *gonorrhœa* either returns in a few days, or exulcerations take place. Long-continued purging is apt to weaken the ſtomach and inteſtines, to hurt the digeſtion, to produce obſtinate gleets, and leave hypochondriacal ſymptoms, particularly in irritable or melancholic habits.

6thly, By avoiding exerciſe, ſalt, ſpices, and too much animal food, eſpecially at the beginning, when there is a great deal of inflammation.

If

If with the above treatment the inflammatory ſymptoms diminiſh, the running becomes thicker, and, at the end of four or five weeks, leaves the patient; there is then no reaſon to ſuſpect the ſyſtem to be infected.

If any of the preparations of mercury deſcribed below, be uſed with the above remedies, their effects are rendered more certain.

2dly, The ſubſtances to be uſed in the cure by injections are,

(No. 50.) (*a*) ℞ Aq. Font. ℥ viij
Gum. Arab. ʒvj
Calomel. 6^{tis} ſublimati (Mercurii crudi ʒi ſingulis libris ſingulis Vicibus additâ) et in pulverem tenuiſſimum triti ʒſs m.

(*b*) ℞ Aq. Roſar. ʒi
Merc. Subl. corroſ. gr. j.
ſolve
℞ Solution. præſcript. g^{tt} xxx ad lx
Aq. Roſar. ʒi. m

If this injection be employed, we are to begin with it weak, and gradually to increaſe its ſtrength, ſo that the patient ſuffer but little pain after it is evacuated; a piece of ſoft linen rag is to be kept between the *glans* and prepuce during its uſe.

(*c*) ℞ Aq. Roſar. ʒij
Sacchar. Saturn. gr. v ad x
ſolve

(*d*) ℞ Ol.

(*d*) ℞ Ol. Olivar. ʒij
Mercurii, ſaliva vel Mucilagine Gum. Arab. extinct.
ʒi ad. ʒiij. m

Preparations of copper, zinc, and vegetable aſtringents, have alſo been employed by ſome people.

A little of one of theſe injections is to be thrown into the *urethra* or *vagina* at firſt four times, afterwards three times, and at laſt once in 24 hours, and kept there for about a minute.

The ſooner they are uſed the better.

No previous treatment is required except bleeding: (vide the firſt method in the natural cure.)

We ſhould always exhibit mercury at the ſame time, in the manner recommended in the *lues venerea*.

If a ſenſe of ſtricture towards the bulbous part of the *urethra* ſhould be felt, or if the running ſhould not ſtop in a fortnight, notwithſtanding the uſe of the injection, it ſhould be left off; but the mercury ſhould be continued, the inflammatory ſymptoms being kept off by the bark: if the *gonorrhœa* does not ſtop in a fortnight more, recourſe muſt be had to the injection. The mercury is to be exhibited for a week or two longer, if the ſymptoms do not go off in that time. Bark may alſo be given at the beginning, to the quantity of an ounce in 24 hours for a day or two, and afterwards to ʒiij; having firſt bled the patient, if his habit be plethoric, or his pulſe hard. Should the diſeaſe be carried off by the injection in a few days, it is nevertheleſs ſafer to perſiſt in the uſe of the mercury for a month; but it is not always abſolutely neceſſary.

Omitting the injection once or twice will often make it fail of curing, when it would have otherwiſe produced that effect.

The 1ſt, 2d, and 4th remedies recommended in the natural method, are to be uſed in this.

This method for the moſt part cures ſooner, with much leſs pain and with as great ſafety, provided mercury be uſed, as the former; and patients treated in this manner are leſs liable to inflammation of the teſticles, or of the glands of the groin, or to chancres or ſtrictures.

3dly, The cure by mercury is performed,

1ſt, By bleeding, if the patient be plethoric.

2dly, By the 1ſt, 2d, 3d, 4th and 6th remedies, recommended in the natural method of cure.

3dly, If at the beginning, the inflammation be troubleſome, an ounce of bark is to be given every 24 hours till it abates, and afterwards three drachms.

4thly, Mercury is to be employed internally, as in the *lues venerea*.

Cure of the lues venerea.

When there is any ulcer, or any ſymptom of the matter's having been abſorbed, the patient cannot be cured with ſafety and certainty, unleſs mercury be exhibited.

The preparations of Mercury to be uſed are,

(No. 51.) ℞ Terebinth. Venet. ℥ij
Mercur. Crud. — ℥j
Terantur ſimul, quamdiu Guttula vel minima appareat, dein adde Unguent. ſimpl. ℥xiv.

Turpentine is here preſcribed, becauſe we are more certain of extinguiſhing the mercury with it, than with any other ſubſtance (excepting balſam of ſulphur, which is fœtid) although it is ſometimes apt to produce little pimples on the ſkin, which are however of no material conſequence.

From one drachm to three of this ointment is to be rubbed thoroughly into the thighs, arms, or legs,

every other night, beginning, if a falivation is not intended, with ʒj the firſt time; and, if the mouth is not at all affected, increaſing it to ʒj ℈ij the ſecond; and gradually afterwards by gr. x at a time, as long as the mouth will bear it. If it be intended, we begin with ʒij every other night, and increaſe or diminiſh the doſe, ſo that the patient ſhall ſpit from ℔ij to ℔iv every 24 hours.

(No. 52.) (*a*) ℞ Mercur. crud. — ʒj
Terebinth. Venet. ʒjſs
Terantur ſimul, quamdiu guttula Mercurii apareat, addendo Guttas aliquot Olei Terebinthini, ſi opus ſit. Dein cum q. ſ. Pulv. Glycr. Fiant Pillulæ LXXX. Capt. j vel ij mane et veſpere.

(*b*) ℞ Merc. calcinat. gr. j ad iij
Extract. Gentian. q. ſ.
Ft. Pillula. Capt. Veſp.

If either of the above preparations ſhould purge the patient,

(No. 53.) ℞ Opii gr. ¼ ad gr. j
Tart. emet. gr. ¼ ad gr. ſs.
m Ft. Pillula Capt. mane et veſpere.

The compounds of mercury and acids are much more uncertain remedies than the above, and ought never to be uſed, unleſs the patient be in a ſituation where he runs the greateſt riſque of catching cold. When they are given it may be in the following form.

℞ Spt. Vin. dilut. (Angl. *Proof* dicti)
ʒſs
Merc. Sub. Corroſ. gr. ſs. ad gr. j
ſolve. Capt. mane et veſpere.

What-

Whatever preparation we employ, we ſhould give it in ſuch manner, and in ſuch a doſe, as to produce hardneſs, fullneſs, and moderate frequency of the pulſe, with as little ſenſible evacuation as poſſible; for the mercury cures ſooner, and with greater certainty, when the ſtrength is but little, than when it is much reduced by it. Therefore, unleſs the caſe be very urgent, we are to begin with ſmall doſes at firſt, and afterwards gradually to increaſe them; giving opium and antimony, and now and then a ſmall doſe of rhubarb, if the inteſtines are affected; and omitting the medicine for two or three days, if there be ſymptoms of ſalivation, till theſe be gone off.

The ſymptoms of approaching ſalivation, are a diſagreeable taſte in the mouth, and ſoreneſs of the gums, or ſalivary glands.

The ointment ſhould always be employed in bad caſes; but in ſlighter ones, in *gonorrhœas*, and where there is great riſque of catching cold, the mercury may be uſed internally.

It is never neceſſary to ſalivate a patient, unleſs he be ſo irritable that the ſmalleſt doſe of mercury immediately affects his mouth; or unleſs the diſeaſe be proceeding ſo faſt, that it would be hazardous to wait till it was checked by the remedy given in ſuch a manner as to avoid ſalivation; or excepting when we cannot truſt to his uſing it regularly. On the contrary, ſalivation rather renders the effect of the medicine uncertain.

The precautions neceſſary to avoid ſalivation, are, 1ſt, Exhibiting the mercury as has juſt been deſcribed: 2dly, Taking care not to ſtimulate the ſalivary glands, either by rubbing the ſkin over them, and keeping it too warm with flannel, or by any ſtimulus in the mouth: 3dly, Avoiding ſudden expoſure

to

to cold. It is to be obſerved, that the patient is rendered irritable by the uſe of the mercury. Hence cold applied in the circumſtances in which it is apt to produce diſeaſes, (vide the *Catarrh*,) brings on ſalivation, dyſentery, or rheumatiſm; and the *ſtimulus* of the mercury being directed to the ſalivary glands, or inteſtines, produces in them greater inflammation, than that which takes place in a ſalivation from mercury alone, or in a dyſentery from cold alone. It is by no means neceſſary however to confine him to a cloſe, warm room, except in a ſalivation; it is ſufficient if he wear flannel or cotton next his ſkin, and carefully avoid a moiſt atmoſphere, or rain, and the evening air: on the contrary, the air of a cloſe room often, nay ſometimes that of a large town, prevents the healing of venereal ulcers, or even the deſtruction of the infectious matter by the mercury, and the patient cannot be cured, unleſs he be removed into a freer air, or into the country.

If notwithſtanding theſe precautions, a ſalivation ſhould come on, we know of no remedy which will remove it with any degree of certainty, although ſulphur, camphire, and purgatives, have been recommended for this purpoſe. If therefore the caſe be urgent, the beſt way is to let it go on, uſing the mercurial ointment as before deſcribed: and we ſhould confine the patient to a room where there are no ſtreams of air, but which, at the ſame time, is not too warm: he ſhould be clothed with flannel, and no food ought to be given him but what is of eaſy digeſtion and good nouriſhment. If the ſymptoms are increaſing ſlowly, the mercury ſhould be omitted till the ſalivation goes off, and afterwards recurred to.

The mercury, whether we ſalivate or not, ſhould be continued four or five weeks, even if the ſymptoms ſhould leave the patient before that time.

It ſhould be continued till all the ſmpytoms are gone off, except

1ſt, When a *gonorrhœa* remains with little inflammation. (Vide the *Gonorrhœa Benigna.*)

2dly, When the patient is much reduced by it, and there are ulcers which do not put on the appearance of healing. In this caſe, it is to be left off, and the patient ſtrengthened, and the common means of curing ulcers not venereal, are to be employed; if theſe do not ſucceed, he is to return to the uſe of the mercury.

3dly, When ulcers covered with fœtid ſloughs appear, and ſpread exceedingly faſt; in this caſe bark, and the other remedies for gangrene and mortification, are to be made uſe of.

4thly, When only rheumatic pains remain, theſe often ariſing from the mercury itſelf, are to be cured by preparations of antimony, and ſarſaparilla.

If by the imprudent uſe of mercury, or expoſure to cold, a ſalivation with great inflammation of the ſalivary glands and mouth is brought on, it is to be omitted, and the common antiphlogiſtic remedies uſed, till theſe ſymptoms are carried off. If dyſentery ſhould be brought on, we are to take away from ℥xij to ℥xvj of blood, afterwards to give a doſe of rhubarb; laſtly, to ſtop the purging by (No. 53.) leaving off the mercury for a day or two.

If rheumatiſm is produced, it is to be treated in the manner directed in that diſeaſe.

If the mercury ſhould occaſion general inflammation to a degree which may be dangerous, from ℥xij to ℥xvj of blood are to be taken away.

If there be venereal ulcers of any kind, bark may be given with advantage along with the mercury, to the quantity of ʒſs every 24 hours; but we are to bleed firſt, if the patient be of an inflammatory habit, or plethoric. The ſame medicine may alſo be uſed in all caſes where the patient's ſtrength is in danger of being too much reduced by the mercury.

If there be eruptions, or pains in the bones, decoctions of woods containing reſinous ſubſtances, and relaxants, are of conſiderable uſe.

(No. 53.) ℞ Raſur. Lig. Guaiac. ʒiij
Coque in Aq. Font. ℔iv ad ℔i.
Colaturæ adde Tart. Emet. gr. ½ ad gr. 1ſs. Divid. in partes iij. Capt. unam mane, alteram poſt pranſum, tertiam H. S. quotidie.

Guaiacum, ſarſaparilla, and ſome other remedies, have ſometimes cured the diſeaſe without mercury, particularly in warm climates, but they are never to be truſted to alone.

If the patient be not ſalivated by the mercury, he may uſe ſuch animal food as is of eaſy digeſtion, but he is to avoid ſalt, ſpices, and wine.

Treatment of particular ſymptoms.

If there be an œdematous *phymoſis*, from ʒj to ʒiſs of bark is to be given every 24 hours until the inflammation abate, and afterwards ʒſs: mercury likewiſe is always to be exhibited in this caſe. *Phymoſis* from ſtricture alone, frequently goes off with the other ſymptoms. In every kind of *phymoſis*, milk and water is to be injected between the *glans* and the prepuce, three or four times a day; and, if a very painful ulcer ſhould be formed there, and ſhould not give way to bark and mercury, the prepuce ſhould be ſlit open, or if that be not ſufficient, entirely cut off.

In the *paraphymoſis* the prepuce ſhould be cut, emolient fomentations and poultices applied, and the other antiphlogiſtic remedies employed; and mercury is always to be exhibited.

Inflammation of the teſticle is to be treated as any other external phlegmonous inflammation; the teſticle is to be ſuſpended by proper bandages; fomentations and poultices (No. 33.) are to be applied. Purgatives, as evacuants, are uſeful, if they re-produce the *gonorrhœa*; and ſtrong vomits, where the conſtitution will bear them, ſometimes carry off the inflammatory ſymptoms immediately.

(No. 54.) ℞ Turpeth. Mineral. gr. iij ad v.
Pulv. Glycyr. gr. xx m
Vel Tart. Emet. gr. iij ad v,
Ft. Pulv. Emet. Capt. Veſpere, Superbibend. Aq. Calid.

When the inflammatory ſymptoms are gone off, mercury ſhould always be uſed, and, if a hardneſs remain, the poultices are to be continued, and the ſkin of the *ſcrotum* rubbed with volatile liniment two or three times a day; and no other means are to be uſed to ſtop the running.

If a ſtricture ſhould remain in the *urethra*, and produce inflammatory ſymptoms, theſe are firſt to be taken off by the common antiphlogiſtic remedies; after they are taken off, or where they are not preſent, the ſtricture is to be removed by *bougies*; and if the infection has not been deſtroyed, mercury is to be uſed. If after all the other ſymptoms are gone off, the end of the prepuce remains for ſeveral weeks ſo contracted as to prevent coition, it is to be cut open.

If recent chancres be the ſymptoms of the *lues venerea*, they may often be cured by cutting off the ſurface, or deſtroying it by cauſtics; but the mercury ſhould nevertheleſs be continued for a month: The ſame external applications are to be uſed to venereal ulcers, as to others of difficult cure.

A *bubo*, if it be juſt beginning, may ſometimes be prevented from ſuppurating: 1ſt, By bleeding when the habit is plethoric or inflammatory. 2dly, By immediately rubbing as much mercurial ointment on the patient's thighs as he can bear without ſalivation. 3dly, By the application of fomentations and poultices (No. 33.) 4thly, By the application of mercurial plaiſters. 5thly, By *ſaccharum ſaturni* according to ſome practitioners; but I am always afraid of any ſalt of lead when it lies long upon a part.

If a *bubo* do not ſuppurate, and be not totally diſperſed, ſome of the venereal matter may remain in the gland, till ſome *ſtimulus* occaſion its abſorption, when the diſeaſe may be propagated over the whole ſyſtem. This happens however very rarely, and the matter may remain in the part for years together before it makes its appearance.

If the *bubo* be already large, with a good deal of inflammation, it is better to promote its ſuppuration by the application of poultices of bread and milk; and ſome practitioners ſuppoſing that it prevents the matter's paſſing into the ſyſtem, have judged it preferable to do this always; but I think, as the infection is now to be deſtroyed by mercury, that it is more eligible to prevent a patient from ſuffering unneceſſary pain. When the ſuppuration is compleated, the ſkin covering the abſceſs is to be altogether taken

taken off, either by the knife or cauſtic, and the ulcer is to be treated as other venereal ones.

If there be excreſcences any where, the infection is firſt to be got rid of by a long courſe of mercury; towards the end of which, they are to be cut off, and the part below deſtroyed by cauſtics, as far as it is of the texture of the excreſcence; and when the ſloughs have ſeparated, the ulcer is to be treated as a common one.

Eruptions, and pains in the bones, which cannot be cured by mercury, antimony, ſarſaparilla, or guaiacum, ſometimes give way to the warm bath.

THE

THE GONORRHOEA, BENIGNA, or GLEET.

IT is an increaſed ſecretion from the mucous glands of the *urethra* without infection.

It may remain after the venereal matter has been deſtroyed or waſhed off in a venereal *gonorrhœa*; or it may ariſe from general weakneſs, ſevere purging, exerciſe, frequent coition, cold, and intoxication with wine, and eſpecially in thoſe who have had long and frequent *gonorrhœas*.

When it remains after the infection has been carried off in a venereal *gonorrhœa*, the running is commonly thicker, whiter, often adheſive, and incapable of communicating the infection; the inflammatory ſymptoms are greatly diminiſhed, but they do not go off entriely. When it takes place from any other cauſe, it begins with a running nearly ſimilar to that in a venereal *gonorrhœa*, but generally leſs in quantity, and is not attended with ſo much inflammation, and is never infectious. In both caſes the inflammatory ſymptoms may, by expoſure to any of the cauſes, be increaſed to as great a degree as when there is infection; but they go off of themſelves in a few days, and ſometimes the running with them.

The running ſometimes ceaſes of itſelf, in a week or two; ſometimes it continues for years without any detriment to the patient, and now and then we meet with a caſe where it weakens him, brings on involuntary emiſſions of the ſemen, and at laſt kills.

If it aroſe from a venereal *gonorrhœa*, and mercury has not been uſed at all, or not in a ſufficient quantity, or if there be a ſuſpicion of infection, it is beſt

to

to begin by enſuring the deſtruction of the venereal matter, by a mercurial courſe.

It is to be ſtopped in weak habits by the internal uſe of ſtrengthening and aſtringent remedies.

(No. 55.) ℞ Cort. Peruv. ℥ij
Nuc. Gall. ʒij
Caryoph. Arom. ʒſs
Infunde in Vin. rubr. Luſit. ℔j per Horas xlviii. Cola. dein Infund. in Aq. Font. ℔j per Horam, et cola. Colaturas miſce, et capt. Æger Coch. iv ter quaterve indies.

The other methods of ſtrengthning the ſyſtem may alſo be uſed; but it is to be obſerved that the cold bath ſometimes increaſes the running.

Reſinous aſtringents, as *balſamum copaibæ*, exhibited three or four times a day, ſometimes ſucceed; but care ſhould be taken to avoid exciting general inflammation by them in inflammatory habits.

The injections recommended in the venereal *gonorrhœa* continued for two or three weeks, ſometimes put a ſtop to the diſeaſe.

Or mercurial ointment may be rubbed externally along the courſe of the *urethra* two or three times a day.

By one or other of theſe methods we can for the moſt part cure this diſtemper; but it will continue ſometimes notwithſtanding our beſt endeavours, and perhaps go off of itſelf at laſt.